

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a Post Certification Revisit (PCR) to the pre-determined full annual recertification and state licensure survey and the investigation of complaints #IN00409199, #IN00418483, and #IN00419787 conducted on 11/20/23.</p> <p>Complaint #IN00409199: Not corrected.</p> <p>Complaint #IN00418483: Not corrected.</p> <p>Complaint #IN00419787: Not corrected.</p> <p>This visit was in conjunction with the investigation of complaints #IN00426039 and #IN00427826.</p> <p>Survey dates: 2/20/24, 2/21/24, 2/22/24 and 2/23/24.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</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 3/5/24.</p>	W 0000		
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 observation and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility's governing</p>	W 0104	1 The Program manager contacted Boggs Pest Control to treat area for insect, and	03/17/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	03/18/2024

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>body failed to exercise operating direction over the facility to ensure the group home was free from numerous dead insects scattered throughout the basement on and around the emergency food supply and completed the process of sorting and/or removal of expired food items and water.</p> <p>Findings include:</p> <p>An observation was conducted on 2/20/24 from 4:14 PM to 5:38 PM. At 5:26 PM, the basement had numerous dead winged insects scattered throughout the floor, shelves and emergency food supply. Numerous jugs of the emergency water supply had dates written on their caps indicating a 2022 date. At 5:28 PM, the Qualified Intellectual Disabilities Professional (QIDP) was asked about the dead insects on the floor, shelving and around the emergency food supply and the 2022 dates on the caps of water jugs. The QIDP stated, "We need to finish it up and make sure no expired foods". The QIDP indicated at the time of the annual recertification (11/20/23), a pest exterminator had visited the home and stated, "I know it got sprayed the day after you left".</p> <p>At 5:29 PM, the Area Supervisor (AS) was asked about the dead insects and dates for expired emergency food supply. The AS stated, "The phone company has been down here and pulling the ceiling down, more dead bugs are falling from the ceiling. I'm trying to do work down here when we have extra people. I'll try to go through it".</p> <p>On 2/21/24 at 3:20 PM, the QIDP was interviewed. The QIDP indicated more work had been completed concerning the dead insects and emergency food supply. The QIDP stated, "Last night everything was swept and now gone (expired food). They (staff) cleaned it last night".</p>		<p>contractor sealed area of entry to prevent future pest entry work complete.</p> <p>2 Program Manager contacted contractor to clean basement area work was complete, and installed an additional barrier to separate the crawlspace that allowed for proper ventilation.</p> <p>3 The Program Manager oversaw the cleaning of the basement and verified the satisfactory cleanup of dead bugs that resulted from additional work in the basement area.</p> <p>4 The Program Manager verified the replacement of expired water and verified all emergency food supply is in date.</p> <p>5 A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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W 0125 Bldg. 00	<p>The QIDP indicated staff sent her pictures of the basement to illustrate the area had been cleaned and organized. The QIDP was asked about the jugs of water within the picture. The QIDP indicated the expired water was kept for other purposes such as cleaning and stated, "Still in need of water (emergency supply)".</p> <p>This deficiency was cited on 11/20/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's needs concerning a Health Care Representative (HCR) were assessed for supports and services to assist him with medical decision making.</p> <p>Findings include:</p> <p>Confidential Interview (CI #1) indicated client B's required gall bladder surgery was delayed due to no Health Care Representative (HCR) being in place for client B to advocate for him. CI #1 indicated a concern for client B's medical supports and services due to no HCR to advocate for his medical needs.</p>	W 0125	<p>The facility will ensure the rights of all clients allowing and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>An IDT comprised of paraprofessionals was conducted and determined Client B's need for a Health Care Representative (HCR).</p> <p>The QIDP obtained a Health Care Representative (HCR) for Client B.</p> <p>A review of all clients in the</p>	03/17/2024

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	<p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting client B:</p> <p>BDS incident report dated 12/22/23 indicated, "Staff reported [client B] complained of stomach pain and he didn't want to eat. ResCare LPN (licensed practical nurse) was contacted, and [client B] was transported to Urgent Care. Once at Urgent Care, [client B] was assessed, and he was transported by ambulance to hospital for further evaluation and treatment. Plan to Resolve: A CT (imagining scan) was completed and showed gallstones and distended gall bladder. [Client B] was admitted, surgery is scheduled for 12/24/23 to have his gall bladder removed. ResCare will maintain contact with the hospital and plan for discharge".</p> <p>On 2/21/24 at 12:24 PM, a review of client B's record was conducted. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 10/16/2023 indicated, "Name: [Client B] ... Interdisciplinary Team (IDT) Members: ...". Client B's ISP did not indicate a Health Care Representative (HCR) listed as part of his IDT members.</p> <p>On 2/21/24 at 3:20 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked about client B's gall bladder surgery and his need for a HCR. The QIDP indicated client B did not have a HCR. The QIDP indicated the hospital did not want to perform the gall bladder surgery without ensuring client B could provide consent for the surgery and stated, "I don't recall how we got them to agree. They're</p>		<p>facility was conducted by the IDT to determine the need for a Health Care Representative.</p> <p>A member of the administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>particular about that". The QIDP was asked if client B required a HCR. The QIDP stated, "I will see if he has the paperwork. At first, they (hospital) were not going to, due to consent. I called them, me and two of the nurses from the hospital with [client B] on the phone, asked if he had the ability to make decisions". The QIDP indicated questions such as, who is your brother, were asked of client B to answer before the hospital would agree to perform his gall bladder surgery.</p> <p>On 2/21/24 at 3:37 PM, the QIDP provided more follow up and a form titled "Appointment of a Health Care Representative" dated 4/12/2010 for review. Client B's HCR form listed two names of people identified as his HCRs and indicated, "I [client B], voluntarily appoint [HCR names], whose telephone number and address are: [HCR contact information] respectively, as my health care representatives who is (sic) authorized to act for me in all matters of health care...". The QIDP indicated further follow up was needed and stated, "I need to follow up. I've never seen this paper before".</p> <p>On 2/22/24 at 2:10 PM, the QIDP was interviewed. The QIDP stated, "I called the people on the form. They said they do want to be his health care rep (representatives). It's a [family member] that wants to do that. I've never heard from them before. No holidays or anything". The QIDP was asked if client B had a HCR in place at the time of the gall bladder surgery. The QIDP stated, "Yes". The QIDP was asked if client B's HCR should have been notified of his need for a gall bladder surgery. The QIDP stated, "Yes. I should have told them about it". The QIDP indicated she was going to send a new HCR form to update client B's record and stated, "They want me to call when I</p>			

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W 0140 Bldg. 00	<p>send the new letter". The QIDP indicated she was going to discuss his recent gall bladder surgery and provide an update on client B's health status with his HCR when she made this phone call.</p> <p>On 2/22/24 at 2:23 PM, the Nurse was interviewed. The Nurse was asked about client B's health care representative and their interest in continuing to be client B's representative. The Nurse stated, "I had no idea he (client B) had a health care rep (representative). They (hospital) asked me, and I couldn't, a conflict of interest. I was not aware [QIDP] had reached out". The Nurse was asked if client B's HCRs should have been notified at the time of client B's gall bladder surgery. The Nurse stated, "Yeah".</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manger (QAM) was interviewed. The QAM was asked about client B's gall bladder surgery, if his health care representative should have been notified, and client B's need for a health care representative. The QAM stated, "In a normal situation I would say yes. I don't know where this information got dropped. Plus, [QIDP] and [Nurse] were not here in 2010 and there was no contact from them. This is something we'll have [QIDP] explore it more. I don't know about the contact from that point (2010). I'll make sure we're following up and consulting with [client B] as well".</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p>			

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	<p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to ensure a full and complete accounting of clients A, B, C, D, E, F, G and H's personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>Confidential Interview (CI #1) indicated concerns with the finances, shopping and purchasing of clothes and food items. CI #1 indicated the safe at the home had been left unlocked and money had been missing. CI #1 stated, "A client got into the safe and got into other clients' money. I guess the safe had been unlocked and that's how... I don't understand why they (staff) were spending their (staff) money when the P-card was in the (safe). [Client A] received \$100.00 and no documentation it (money) was there or had been". CI #1 was asked if client A's money had been in cash or a debit/gift card. CI #1 stated, "I don't know. It was just no documentation of it being there or spent".</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p> <p>1) BDS incident report dated 2/5/24 indicated, "During a financial audit it was discovered, [client B] has \$1.00 in missing funds, [client C] had \$13.00 in missing funds, and [client A] had \$23.00 in missing funds. Plan to Resolve: Staff will be retrained on the financial audit policy and procedure and transaction logs. Bill of Rights and Grievance will be completed with [client B], [client C], and [client A]. ResCare will reimburse [client B] \$1.00, [client C] \$13.00, and [client A] \$7.24".</p>	W 0140	<p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The DSL will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The Program Manager will in-service the Area Supervisor, and Direct Support Lead on the use of client finance book.</p> <p>All employees will be trained on the revised standard and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA</p>	03/17/2024	

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	<p>Investigation Summary dated 1/29/24 through 2/5/24 with an amendment date of 2/9/24 indicated, "Introduction: On 1/27/24, the Quality Assurance Department received an incident report indicating [client B], [client C], [client E], [client F], [client G], and [client A] each had funds from their finance books that may be unaccounted for. An investigation was initiated in an attempt to determine what happened to funds ...</p> <p>Conclusion: It is substantiated [client B] has \$1.00 unaccounted for... It is substantiated [client C] has \$13.00 unaccounted for... It is unsubstantiated [client E] had \$31.00 unaccounted for; the money was found in an enveloped marked with his name in the safe... It is substantiated [client A] has \$23.00 unaccounted for... It cannot be determined what happened to the funds...".</p> <p>2) No BDS incident report was available for review.</p> <p>Investigation Summary dated 8/24/23 through 8/31/23 indicated, "An exploration (sic/exploitation) investigation was initiated when it was reported during a financial audit, finances for [client B], [client E], [client H], [client F], [client D], [client G], [client A] and [client C's] did not balance with cash on hand ...</p> <p>Factual Findings: ... [Client B] with total of \$100.00 has receipts totaling \$38.27 with \$18.00 cash on hand leaving \$43.73 unaccounted for ...</p> <p>[Client C] with total of \$50.00 has receipts totaling \$22.57 with \$22.12 cash on hand leaving \$5.31 unaccounted for...</p> <p>[Client E] with total of \$100.00 has receipts</p>		Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	

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	<p>totaling \$97.46 with \$0.00 cash on hand leaving \$2.54 unaccounted for...</p> <p>[Client H] with total of \$100.00 has receipts totaling \$92.92 with \$0.27 cash on hand leaving \$6.81 unaccounted for...</p> <p>[Client F] with total of \$100.00 has receipts totaling \$79.03 with \$10.94 cash on hand leaving \$10.03 unaccounted for...</p> <p>[Client D] with total of \$100.00 has receipts totaling \$79.50 with \$2.00 cash on hand leaving \$18.50 unaccounted for...</p> <p>[Client G] with total of \$50.00 has receipts totaling \$27.49 with \$0.54 cash on hand leaving \$21.97 unaccounted for...</p> <p>[Client A] with total of \$100.00 has receipts totaling \$86.45 with \$20.57 cash on hand leaving \$7.02 in excess...</p> <p>Review of client inventories updated from 2022 to June 2023 shows:... Due to inability to locate receipts, its unknown how much the items cost when they were purchased or how...</p> <p>[Former staff #1] stated she witnessed staff give clients pocket money to take to day program when they needed it. [Former staff #1] stated she witnessed a former site supervisor give money to a client from a different client's money envelope. [Former staff #1] is unaware if any money given to the clients to carry was deducted from the resource (financial) ledger...</p> <p>Review of finances, including ledgers and receipts show staff did not properly document expenditures as they should have, not accounting</p>			

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	<p>for pocket change or cash to go to day program. Staff responsible for client finances from 9/1/22 through 4/28/23 when the last receipt was received are no longer employed with ResCare...</p> <p>Conclusion: It has been determined that: [Client B] has \$43.73 unaccounted for, [client E] \$2.54, [client H] \$6.81, [client F] \$10.03, [client D] \$18.50, [client G] \$21.97, and [client C] \$5.31. [Client A] has \$7.02 over his amount...</p> <p>Recommendations: Reimburse all clients. Retrain staff on client finances and accounting. Weekly audits by DSL (direct support lead). Biweekly audit by AS (Area Supervisor)".</p> <p>On 2/20/24 at 4:35 PM, a review of the clients' finances was completed. The review indicated clients A, B, C, D, E, F, G and H's financial ledgers to be dated January 2023. No February 2024 cash on hand financial ledgers were available for review.</p> <p>On 2/21/24 at 4:03 PM, the Quality Assurance Manager and Qualified Intellectual Disabilities Professional (QIDP) were interviewed. The QAM and QIDP were asked about the incident history for a lack of accounting for the clients' personal funds and the review of the cash on hand financial ledgers for all the clients indicating no accounting had occurred since January 2024. The QAM indicated a recent financial audit (2/5/24 incident report) had found accounting issues. The QAM was asked if the clients' personal funds entrusted to the facility should be maintained accurately and accounted for. The QAM stated, "Yes, maintained on the ledger". The QIDP stated, "Site leads do it weekly". The QAM stated, "It would make sense that [Area Supervisor] should write her audit on the ledger". The QAM indicated</p>			

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W 0149 Bldg. 00	<p>she had spoken with the Area Supervisor about documenting her financial audits and indicated more follow up was needed to ensure all accounting, audits, and transactions were being properly documented to ensure all client personal funds entrusted to the facility were accurate and accounted for.</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about the incident history for missing money indicated in the 8/24/23 investigation. The QAM indicated a BDS incident report was not available for review and stated, "We looked at it as missing money and not exploitation. A financial audit found it (missing money) and we initiated the investigation. The QAM indicated the 2/5/24 incident was also a situation where a financial audit found missing money, was reported and an investigation initiated. The QAM indicated investigations into both incidents did not indicate exploitation had occurred, but a lack of accounting for the clients' personal funds. The QAM was asked how the clients' personal funds should be maintained and accounted for. The QAM stated, "At all times".</p> <p>9-3-2(a)</p> <p>483.420(d)(1)</p> <p>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 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to implement the Abuse, Neglect, Exploitation, Mistreatment and/or Violation of Individual's Rights (ANE) policy to ensure: 1) allegations of</p>	W 0149	The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support	03/17/2024

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	<p>staff sleeping were immediately reported, 2) to prevent staff verbal abuse directed toward client D, and 3) allegations of clients A, B, C, D, E, F, G and H's missing personal funds were immediately reported.</p> <p>Findings include:</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients C and D:</p> <p>1) BDS incident report dated 2/2/24 indicated, "On 2/1/24, staff reported when she arrived at the house, staff was asleep and snoring in the office and [client C] was sitting in the living (room). It was also reported that on 1/25 (2024), when staff arrived back at the site after dropping clients off, another staff was asleep then as well and [client C] was sitting in the living room. Plan to Resolve: Staff have been placed on leave pending the outcome of the investigation. Staff will continue to monitor [client C] and provide all necessary supports".</p> <p>Investigation Summary dated 2/2/24 through 2/9/24 indicated, "On 2/1/24, the Quality Assurance Department received an incident report indicating when staff arrived at the house, staff [staff #11] was asleep and snoring in the office while [client C] was sitting in the living room. Staff also reported on 1/25/24, staff [staff #12] was asleep then as well while [client C] sat in the living room...</p> <p>Summary of Interviews:... [Staff #9] reported when she arrived back at [name of group home] staff [staff #11] was asleep and snoring in the office</p>		<p>Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will be done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>Area Supervisor and Program Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed through random monitoring.</p> <p>The area supervisor in serviced facility staff on ResCare anonymous compliance line allowing an additional resource for staff to report outside the Administrative chain, and on ResCare's non-retaliation and Zero Violence policy.</p> <p>Monitoring of Corrective Action: The Program Manager, Area Supervisor and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager,</p>	

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	<p>while [client C] was sitting in the living room. [Staff #9] reported that on 1/25/24, after dropping clients off at workshop and arriving back to the house, staff [staff #12] was asleep in the living room while [client C] was sitting in the living room. [Staff #9] stated she did not report the 1/25/24 incident until this date because she was afraid of the staff...</p> <p>Factual Findings:... [Staff #9] was temporarily working at [name of group home] pending transition to a waiver location and had only worked at the home since 1/24/24... [Staff #9] reported [staff #11] was asleep and snoring in the office when she arrived at the house on 2/1/24. This is the second suspension and investigation for allegations of [staff #11] sleeping on shift ... [Staff #9] stated she was afraid of [staff #11]... After [staff #9] reported the allegations of staff sleeping, and (sic) anonymous compliance call was received, on 2/1/24, alleging verbal abuse from [staff #9] (this is being investigated separately) ... 6 of 6 staff interviewed denied witnessing staff sleeping when they have been on shift or coming on shift...</p> <p>Conclusion: It cannot be determined if [staff #11] slept while on shift on 2/1/24. It cannot be determined if [staff #12] slept while on shift on 1/25/24...".</p> <p>On 2/21/24 at 1:45 PM, client C's record was reviewed. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/29/23 indicated, "Discharge Plan: The interdisciplinary team recommends that he (client C) have supervision while participating in community activities, as he has not acquired safe pedestrian skills. He requires structure for leisure time</p>		Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.		

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	<p>activities... Needs: To learn IL (independent living) skills. To spend time with staff on developing his speech...".</p> <p>2) BDS incident report dated 1/2/24 indicated, "Allegations were received of staff being verbally abuse (sic) towards [client D]. The staff member in question was placed on administrative leave pending investigations ...".</p> <p>Investigation Summary dated 1/1/24 through 1/8/24 indicated, "Introduction: An investigation was initiated when a report was received that staff [former direct support lead/DSL] yells at [client D] and speaks to [client D] in an inappropriate manner ... Conclusion: Substantiated [former DSL] yells at [client D]. Substantiated [former DSL] makes inappropriate comments to [client D] ...".</p> <p>3) Confidential Interview (CI #1) indicated concerns with the finances, shopping and purchasing of clothes and food items. CI #1 indicated the safe at the home had been left unlocked and money had been missing. CI #1 stated, "A client got into the safe and got into other clients' money. I guess the safe had been unlocked and that's how... I don't understand why they (staff) were spending their money when the P-card was in there (safe). [Client A] received \$100.00 and no documentation it (money) was there or had been". CI #1 was asked if client A's money had been in cash or a debit/gift card. CI #1 stated, "I don't know. It was just no documentation of it being there or spent".</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p>			

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

PRINTED: 03/26/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>No BDS incident reports were available for review.</p> <p>Investigation Summary dated 8/24/23 through 8/31/23 indicated, "An exploration (sic/exploitation) investigation was initiated when it was reported during a financial audit, finances for [client B], [client E], [client H], [client F], [client D], [client G], [client A] and [client C's] did not balance with cash on hand ...</p> <p>Factual Findings:... [Client B] with total of \$100.00 has receipts totaling \$38.27 with \$18.00 cash on hand leaving \$43.73 unaccounted for...</p> <p>[Client C] with total of \$50.00 has receipts totaling \$22.57 with \$22.12 cash on hand leaving \$5.31 unaccounted for...</p> <p>[Client E] with total of \$100.00 has receipts totaling \$97.46 with \$0.00 cash on hand leaving \$2.54 unaccounted for...</p> <p>[Client H] with total of \$100.00 has receipts totaling \$92.92 with \$0.27 cash on hand leaving \$6.81 unaccounted for...</p> <p>[Client F] with total of \$100.00 has receipts totaling \$79.03 with \$10.94 cash on hand leaving \$10.03 unaccounted for...</p> <p>[Client D] with total of \$100.00 has receipts totaling \$79.50 with \$2.00 cash on hand leaving \$18.50 unaccounted for...</p> <p>[Client G] with total of \$50.00 has receipts totaling \$27.49 with \$0.54 cash on hand leaving \$21.97 unaccounted for...</p> <p>[Client A] with total of \$100.00 has receipts</p>			

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	<p>totaling \$86.45 with \$20.57 cash on hand leaving \$7.02 in excess...</p> <p>Review of client inventories updated from 2022 to June 2023 shows:... Due to inability to locate receipts, its unknown how much the items cost when they were purchased or how...</p> <p>[Former staff #1] stated she witnessed staff give clients pocket money to take to day program when they needed it. [Former staff #1] stated she witnessed a former site supervisor give money to a client from a different client's money envelope. [Former staff #1] is unaware if any money given to the clients to carry was deducted from the resource (financial) ledger...</p> <p>Review of finances, including ledgers and receipts show staff did not properly document expenditures as they should have, not accounting for pocket change or cash to go to day program. Staff responsible for client finances from 9/1/22 through 4/28/23 when the last receipt was received are no longer employed with ResCare...</p> <p>Conclusion: It has been determined that: [Client B] has \$43.73 unaccounted for, [client E] \$2.54, [client H] \$6.81, [client F] \$10.03, [client D] \$18.50, [client G] \$21.97, and [client C] \$5.31. [Client A] has \$7.02 over his amount...</p> <p>Recommendations: Reimburse all clients. Retrain staff on client finances and accounting. Weekly audits by DSL (direct support lead). Biweekly audit by AS (Area Supervisor)".</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manager was interviewed. The QAM was asked about immediate reporting of suspected abuse, neglect, exploitation to ensure implementation of</p>			

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W 0153	<p>client C's program plan, to prevent staff verbal abuse directed toward client D, and missing client personal funds. The QAM indicated the staff verbal abuse toward client D had been substantiated. The QAM stated, "I believe the incident date was 8/24/23 (missing money). I don't see a BDS (incident) report filed. We looked at it as an accounting issue, rather than exploitation". The QAM was asked how the ANE policy should be implemented. The QAM stated, "At all times. Staff should report immediately and are trained at time of hire and annually thereafter".</p> <p>On 2/22/24 at 3:27 PM, a review of the Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights (ANE) policy was conducted. The ANE policy indicated, "ResCare staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines... ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights...".</p> <p>This deficiency was cited on 11/20/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00409199, #IN00418483 and #IN00419787.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p>			

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Bldg. 00	<p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 3 of 3 sampled clients (A, B and C) and 5 additional clients (D, E, F, G and H), the facility failed to immediately report to the administrator and Bureau of Disabilities Services (BDS) within 24 hours, in accordance with state law: 1) clients A, B, C, D, E, F, G and H's missing personal funds and 2) alleged negligence for the implementation of client C's program plan due to staff sleeping while on duty.</p> <p>Findings include:</p> <p>1) Confidential Interview (CI #1) indicated concerns with the finances, shopping and purchasing of clothes and food items. CI #1 indicated the safe at the home had been left unlocked and money had been missing. CI #1 stated, "A client got into the safe and got into other clients' money. I guess the safe had been unlocked and that's how... I don't understand why they (staff) were spending their money when the P-card was in there (safe). [Client A] received \$100.00 and no documentation it (money) was there or had been". CI #1 was asked if client A's money had been in cash or a debit/gift card. CI #1 stated, "I don't know. It was just no documentation of it being there or spent".</p> <p>On 2/20/24 at 12:30 PM, a review of the facility's Bureau of Disabilities Services (BDS) reports and accompanying investigation summaries was conducted. The review indicated the following affecting clients A, B, C, D, E, F, G and H:</p>	W 0153	<p>1 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>2 The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard.</p> <p>3 The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Direct Support Lead will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Direct Support Lead to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>4 The Program Manager will ensure the Area Supervisor will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed.</p> <p>5 Area Supervisor and Program Manager will ensure that</p>	03/17/2024	

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	<p>No BDS incident reports were available for review.</p> <p>Investigation Summary dated 8/24/23 through 8/31/23 indicated, "An exploitation (sic/exploitation) investigation was initiated when it was reported during a financial audit, finances for [client B], [client E], [client H], [client F], [client D], [client G], [client A] and [client C's] did not balance with cash on hand ...</p> <p>Factual Findings:... [Client B] with total of \$100.00 has receipts totaling \$38.27 with \$18.00 cash on hand leaving \$43.73 unaccounted for...</p> <p>[Client C] with total of \$50.00 has receipts totaling \$22.57 with \$22.12 cash on hand leaving \$5.31 unaccounted for...</p> <p>[Client E] with total of \$100.00 has receipts totaling \$97.46 with \$0.00 cash on hand leaving \$2.54 unaccounted for...</p> <p>[Client H] with total of \$100.00 has receipts totaling \$92.92 with \$0.27 cash on hand leaving \$6.81 unaccounted for...</p> <p>[Client F] with total of \$100.00 has receipts totaling \$79.03 with \$10.94 cash on hand leaving \$10.03 unaccounted for...</p> <p>[Client D] with total of \$100.00 has receipts totaling \$79.50 with \$2.00 cash on hand leaving \$18.50 unaccounted for...</p> <p>[Client G] with total of \$50.00 has receipts totaling \$27.49 with \$0.54 cash on hand leaving \$21.97 unaccounted for...</p> <p>[Client A] with total of \$100.00 has receipts</p>		<p>the Abuse, Neglect and Exploitation Policy is followed through random monitoring.</p> <p>6 The area supervisor in serviced facility staff on ResCare anonymous compliance line allowing an additional resource for staff to report outside the Administrative chain, and on ResCare's non-retaliation and Zero Violence policy</p> <p>7 A member of the administrative team will conduct a monthly site review for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p>	

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	<p>totaling \$86.45 with \$20.57 cash on hand leaving \$7.02 in excess...</p> <p>Review of client inventories updated from 2022 to June 2023 shows:... Due to inability to locate receipts, its unknown how much the items cost when they were purchased or how...</p> <p>[Former staff #1] stated she witnessed staff give clients pocket money to take to day program when they needed it. [Former staff #1] stated she witnessed a former site supervisor give money to a client from a different client's money envelope. [Former staff #1] is unaware if any money given to the clients to carry was deducted from the resource (financial) ledger...</p> <p>Review of finances, including ledgers and receipts show staff did not properly document expenditures as they should have, not accounting for pocket change or cash to go to day program. Staff responsible for client finances from 9/1/22 through 4/28/23 when the last receipt was received are no longer employed with ResCare...</p> <p>Conclusion: It has been determined that: [Client B] has \$43.73 unaccounted for, [client E] \$2.54, [client H] \$6.81, [client F] \$10.03, [client D] \$18.50, [client G] \$21.97, and [client C] \$5.31. [Client A] has \$7.02 over his amount...</p> <p>Recommendations: Reimburse all clients. Retrain staff on client finances and accounting. Weekly audits by DSL (direct support lead). Biweekly audit by AS (Area Supervisor)".</p> <p>2) BDS incident report dated 2/2/24 indicated, "On 2/1/24, staff reported when she arrived at the house, staff was asleep and snoring in the office and [client C] was sitting in the living (room). It</p>			

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	<p>was also reported that on 1/25 (2024), when staff arrived back at the site after dropping clients off, another staff was asleep then as well and [client C] was sitting in the living room. Plan to Resolve: Staff have been placed on leave pending the outcome of the investigation. Staff will continue to monitor [client C] and provide all necessary supports".</p> <p>Investigation Summary dated 2/2/24 through 2/9/24 indicated, "On 2/1/24, the Quality Assurance Department received an incident report indicating when staff arrived at the house, staff [staff #11] was asleep and snoring in the office while [client C] was sitting in the living room. Staff also reported on 1/25/24, staff [staff #12] was asleep then as well while [client C] sat in the living room...</p> <p>Summary of Interviews:... [Staff #9] reported when she arrived back at [name of group home] staff [staff #11] was asleep and snoring in the office while [client C] was sitting in the living room. [Staff #9] reported that on 1/25/24, after dropping clients off at workshop and arriving back to the house, staff [staff #12] was asleep in the living room while [client C] was sitting in the living room. [Staff #9] stated she did not report the 1/25/24 incident until this date because she was afraid of the staff...</p> <p>Factual Findings:... [Staff #9] was temporarily working at [name of group home] pending transition to a waiver location and had only worked at the home since 1/24/24... [Staff #9] reported [staff #11] was asleep and snoring in the office when she arrived at the house on 2/1/24. This is the second suspension and investigation for allegations of [staff #11] sleeping on shift ... [Staff #9] stated she was afraid of [staff #11]...</p>			

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>After [staff #9] reported the allegations of staff sleeping, and (sic) anonymous compliance call was received, on 2/1/24, alleging verbal abuse from [staff #9] (this is being investigated separately) ... 6 of 6 staff interviewed denied witnessing staff sleeping when they have been on shift or coming on shift...</p> <p>Conclusion: It cannot be determined if [staff #11] slept while on shift on 2/1/24. It cannot be determined if [staff #12] slept while on shift on 1/25/24...".</p> <p>On 2/21/24 at 1:45 PM, client C's record was reviewed. The review indicated the following:</p> <p>Individual Support Plan (ISP) dated 4/29/23 indicated, "Discharge Plan: The interdisciplinary team recommends that he (client C) have supervision while participating in community activities, as he has not acquired safe pedestrian skills. He requires structure for leisure time activities... Needs: To learn IL (independent living) skills. To spend time with staff on developing his speech...".</p> <p>On 2/23/24 at 10:13 AM, the Quality Assurance Manager (QAM) was interviewed. The QAM was asked about reporting 1) clients A, B, C, D, E, F, G and H's missing personal funds on 8/24/24 and 2) suspected neglect for the implementation of client C's program plan concerning staff sleeping while on shift. The QAM stated, "I believe the incident date was 8/24/23 (missing money). I don't see a BDS (incident) report filed. We looked at it as an accounting issue, rather than exploitation". The QAM indicated the clients' missing personal funds and suspected neglect of client C should have immediately been reported to the administrator and BDS within 24 hours and stated,</p>			

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

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OMB NO. 0938-039

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W 9999 Bldg. 00	"I can't disagree with you on that one". 9-3-2(a)	W 9999	No response	03/17/2024	