STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G442	A. BUILDING 00 B. WING	01/19/2024

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RES CARE COMMUNITY ALTERNATIVES SE IN	402 EWING LN JEFFERSONVILLE, IN 47130

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W 0000 Bldg. 00	This visit was for the investigation of complaint #IN00426049. This visit was in conjunction to a Post Certification Revisit (PCR) to the pre-determined full annual recertification and state licensure survey and the investigation of complaint #IN00407148 conducted on 12/4/23. Complaint #IN00426049: Federal and state deficiencies related to the allegation(s) are cited at: W104, W240, W252 and W429. Survey dates: 1/12/24, 1/16/24, 1/17/24, 1/18/24 and 1/19/24. Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 1/30/24.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 1 of 3 sampled clients (A) and 2 additional clients (E and F), the governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the group home was maintained at a comfortable temperature and client E's bedroom was free from clutter to ensure a	W 0104	1 The facility contacted an HVAC contractor to identify issues with the heating an cooling system in the house on 1/16/2024. The contractor performed emergency service and identified possible solutions for the	02/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Mark Slaughter 02/15/2024

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	walkway around her bed with open space for ventilation. Findings include: An observation was conducted on 1/16/24 from 3:30 PM to 5:39 PM. Throughout the observation, one of the two furnaces made an audible sound and would continuously run without kicking off. At 4:12 PM, the thermostat in the back hallway indicated an internal temperature at 65 degrees (Fahrenheit) and was set at 72 degrees. In addition, client E's bedroom was observed to have numerous personal items and stuffed animals throughout her bedroom, on the floor, and on her bed which prevented the heating and cooling registers to be viewed and promote warm air circulation. The observation indicated the following: At 4:18 PM, staff #1 was asked about client E's bedroom being free from clutter, if she slept on the floor and if the home was having a heating issue. Staff #1 indicated client E's behaviorist worked with her to organize her bedroom. Staff #1 indicated client E would collect items to work on her crafting, and hoarding was an aspect of her behavior program. Staff #1 indicated she had never known of client E to sleep on her floor. Staff #1 stated, "It's more organized now. There is a clean walkway now. I've not looked at it for 4 of 5 hours". Staff #1 indicated she had assisted client E's peers with medical appointments, but a walkway was around her bed when she had assisted client E with her morning medication routine. Staff #1 indicated client E's personal items and stuffed animals should be placed in hanging nets and around her bedroom to maintain an open space on her bed and floor.		air handling unit. 2 The maintenance manager approved emergency repair and additional cold air returns were installed for the second system responsible of temperature for the south wing of the site. 3 The HVAC contractor recommended the installation of an additional system for the south wing of the facility. Equipment was ordered and the HVAC and Electric Contractor completed the installation of the additional system on Jan 29th 2024 to service the south wing. 4 The DSL, Area Supervisor, Program Manager and Maintenance Manager will continue to monitored site temperature and if an issue is noted repair will be immediately scheduled by the Maintenance Manager. 5 The Area Supervisor will inservice staff on reporting on minimum and maximum temperature in home. 6 QIDP will create a plan to update the BSP to address hording of stuffed animals. 7 A waterproof storage shed will be installed in later than Feb 19, 2024 and waterproof clear storage totes have been ordered for the storage of excess stuffed animals. 8 IDT comprised of paraprofessionals will be held to determine the maximum number	

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	Staff #1 was asked if the home was having a heating issue. Staff #1 stated, "Yes! Every winter we get this problem. When it's summer, it's too hot. The last time they fixed the other side. They just need to replace it. It's not going to get any better. The girls get really cold, except for [client H]. She loves the colder temperatures. [Maintenance] knows about it ... If it gets back into the 40s you would not know. I hope they fix it". Staff #1 was asked if she would accompany the surveyor to check the temperature of the group home and the condition of client E's bedroom. At 4:59 PM, client A was seated on her bed inside her bedroom. Client A was asked if the temperature of room was comfortable. Client A stated, "A little on the chilly side". At 5:03 PM, upon entering client E's bedroom, a noticeable colder temperature inside her bedroom could be felt compared to the hallway where the thermostat indicated a temperature of 65 degrees. Client E's bedroom had numerous personal items and stuffed animals throughout her bedroom, on the floor, and on her bed. The registers for warm air circulation could not be viewed within client E's bedroom. At 5:04 PM, the Qualified Intellectual Disabilities Professional (QIDP) was asked to step inside client E's bedroom entryway. The QIDP stated, "Oh, it's cold in here". Client E's bedroom was cluttered with personal items and stuffed animals on her bed and throughout the flooring of her bedroom. No walkway with open space was around client E's bed. Client E's bedroom had an exterior window. No heating vents from client E's bedroom floor or walls were visible. The number of personal items and stuffed animals within client		of stuffed animals to be kept in the client's room. 9 The team will develop a plan to deal with any issues that may arise during the removal and maintaining a safe number of stuffed animals maintained in the clients room no later than Feb 23th 2024. 10 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. **Persons Responsible:** AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	

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	E's bedroom blocked the view of any ventilation registers within her bedroom. At 5:05 PM, client F's bedroom was observed. Client F had an electric space heater plugged into an outlet and positioned in the center of her bedroom floor. At 5:08 PM, client E was asked while sitting in the living room if her bedroom was too hot or cold. Client E stated, "Probably too cold". At 5:21 PM, client F was asked if she had a heater in her bedroom. Client F stated, "Yeah. I got it at [name of store]". Client F was asked if this was because her bedroom was too cold. Client F stated, "My room gets cold. In the summertime, it gets hot in there. Why everyone gets cold is because there is a problem with the heater (furnace). We got to get that worked on". On 1/17/24 at 1:44 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the heating issue at the group home. The AED stated, "We had an AC issue over the summer. Yesterday it was cold. We called an emergency service contractor. He is back at the house. What they've figured out is there is not enough cold air return. It's not keeping up. The HVAC (heating, ventilation, and air conditioning) contractor is modifying the ductwork". The AED was asked about client F's use of an electric heater to add warmth to her room. The AED indicated she had purchased that and installed it herself in her bedroom. The AED indicated the heating and cooling contractor had also added an electric heater to client A's bedroom. The AED indicated the heater added to client A's bedroom was an electric heater			

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	designed to fit in the corner to be out of her way. The AED indicated safety checks were being completed by staff every 30 minutes due to the electric heaters being used. The AED was asked about client E's bedroom being cluttered, no walkway, and a noticeable change in cooler temperature from the hallway compared to the inside temperature of client E's bedroom. The AED stated, "She did not want to move". The AED indicated client E was presented with an option to move to a vacant bedroom where one of the two operable furnaces was maintaining temperature, but client E would not move. The AED was asked about the personal items and stuffed animals that cluttered client E's bedroom. The AED indicated a plan had been developed to maintain client E's personal items in a shed outside. The AED stated, "We can't assemble it due to weather, but she agreed to clear totes to see her animals. [Behaviorist name] our ESN (Extensive Support Needs) BC (behavior clinician) helped with that situation to put them clear totes in the shed. The shed was delivered but can't be put together due to the weather". The AED was asked if client E's bedroom was being heated with an electric heater and the potential fire hazard due to the volume of flammable items maintained in her bedroom. The AED indicated an electric heater had not been installed in her bedroom. The AED indicated through previous Life Safety Code surveys an extra sprinkler had been added to her bedroom due to the volume of flammable items maintained within client E's bedroom. The AED indicated more follow up was needed to ensure proper heating and cooling of the group home and an open space within client E's bed to ensure proper ventilation. This federal tag relates to complaint #IN00426049.			

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W 0240 Bldg. 00	9-3-1(a) 483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's urinary incontinence program plan included strategies for her toileting schedule and methodology to measure the effectiveness her program plan. Findings include: Confidential Interview (CI #1): The CI indicated client B's peers did not want to be around her due to the smell of urine and she was regularly being sent back home from the workshop due to the urinary incontinence. The CI was asked about client B's supports and program plan for urinary incontinence. The CI indicated client B should be prompted to be toileted every 2 hours. On 1/16/24 at 1:34 PM, the Workshop Program Manager and the Workshop Production Manager were interviewed. The Workshop Managers were asked if client B was experiencing urinary incontinence issues. The Production Manager stated, "That's constant. We've moved her toward the bathroom. We don't always notice it until she gets up. We're not sure if it's being ornery (behavioral) or other issues (medical). Yes, it's been an ongoing issue ...". The Workshop Managers were asked if sending client B back home due to the urinary incontinence had been an issue. The Production Manager stated, "She has. At one time, they were sending extra clothes".	W 0240	1 The facility will ensure the individual program plan describes relevant interventions to support the individual urinary incontinence program plan includes strategies for her toileting schedule and methodology to measure the effectiveness program plan. 2 The nurse updated the clients MAR to document tracking of client prompting of toileting schedule. 3 Client B was taken to the Provider to check ability to void bladder, monitor mass on kidney to ensure no growth and test for a Urinary Tract Infection. All test came back normal. 4 QIDP retrained Staff on MAR documentation on prompting for toileting. 5 The DSL, Area Supervisor and Program Manager will monitor progress and verify documentation. 6 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.	02/15/2024

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	The Production Manager indicated client B on occasion would come to work and smell of urine and have poor hygiene. Both the Production Manager and Program Manager indicated team meetings had been conducted concerning client B's urinary incontinence and hygiene issues. Both Workshop Managers indicated client B's urinary incontinence was a daily issue while attending workshop. On 1/16/24 at 2:26 PM, a focused review of client B's record was conducted. The review indicated the following: Team Meeting notes dated 7/10/23 indicated, "Bowel issues - we have her located by RR (restroom) door. Hygiene - Continuous problem: odor urine, hair extremely greasy ...". Team Meeting notes dated 10/16/23 indicated, "Put hair up before coming in (workshop), needs a locker ... put extra clothes in locker. Notes: Sit next to bathroom, remind to go to the bathroom every 2 hours". On 1/16/24 at 4:18 PM, staff #1 was interviewed. Staff #1 was asked about the relationships between the clients living at the group home and if any internal conflict between the clients living at the group home was occurring. Staff #1 stated, "Sometimes we get threats from [client H] towards others. I don't think she means it ... I don't think she would hurt anyone. [Client H] is getting worse. She can say things in threatening ways. [Client H] gets mad at [client B]. She gets mad a lot". Staff #1 was asked what things client H would get mad about toward client B. Staff #1 stated, "The smell. She urinates on herself. She says we need to get rid of her because she smells". Staff #1 was asked the frequency of client		**Persons Responsible:** AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, Nurse, Director of Nursing, QIDP, Direct Support Lead, and DSP.	

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	B's urinary incontinence. Staff #1 stated, "Daily". Staff #1 indicated an upcoming urology appointment was scheduled in February 2024. Staff #1 indicated the team had been and continued to pursue medical reasons for client B's urinary incontinence, but no medical determination with a diagnosis had been found. Staff #1 stated, "We don't know the issue. It seems like a fair amount of laziness (behavioral)". On 1/17/24 at 11:59 AM, a focused review of client B record was conducted. The review indicated the following: Urinary Incontinence risk plan dated 7/22/22 indicated, "Goal: Will have no skin breakdown r/t (related to) incontinence through July 2023. Approach: 1) Staff will administer medications as ordered by physician. 2) Staff will encourage [client B] to empty bladder when urgency first occurs to avoid episodes of incontinence. 3) Staff will encourage [client B] to complete good personal hygiene should accidents occur and assist when needed to avoid possible skin irritations or breakdown. 4) Staff will monitor bed daily to ensure it is dry. 5) Staff will monitor for and encourage [client B] to voice complaints of urinary infection ... Staff will report complaints to the nurse. 6) Staff will encourage and provide fluid intake up to 3,000cc (cubic centimeters) daily. 7) Nurse will review all documentation at site visits. 8) RM (Residential Manager) / Staff will schedule routine examinations with physician as necessary. 9) Staff will assist [client B] in attending all medical appointments, lab work and test that are ordered by physician. 10) Staff will be trained on all aspects of [client B's] care and the documentation will be kept at the main office. 11) Staff will provide education to [client B] regarding his (sic) condition as needed to ensure that he			

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	(sic) has the information to make informed decisions about his (sic) care. 12) The nurse will review the risk plan at least quarterly and revise as needed ...". Behavior Support Plan (BSP) dated 10/16/23 indicated, "Behavioral History: [Client B] has been on her own for a while. She likes to make her own decisions but requires guidance to make appropriate decisions. She has trouble with being exploited by others. She is very trusting of strangers. She struggles with Alcohol addiction and attends AA (Alcoholics Anonymous) weekly. She has trouble with physical and verbal aggression, self-injurious behaviors, being non-compliant and elopement issues ... Target Behavior ... Non-Compliance: Anytime [client B] refuses programmatic request ...". Client B's urinary incontinence risk plan nor the BSP indicated staff supports to prompt client B to use the restroom on scheduled intervals as indicated through interviews. Client B's urinary incontinence risk plan nor the BSP indicated methodology to track the effectiveness of her toileting schedule for every 2 hours. On 1/17/24 at 11:28 AM, the Nurse was interviewed. The Nurse was asked about client B's frequency of urinary incontinence. The Nurse stated, "Yes, she had since she came to us. I would say it's more frequent". The Nurse was asked how often client B experienced urinary incontinence. The Nurse stated, "Multiple times a day. Daily, for sure". The Nurse was asked what supports had been put into place to assist client B with less incontinent incidents. The Nurse stated, "She went to Urology, and they did a right renal ultrasound. It was stable ... It was 1.1cm (centimeters). I don't feel that's causing the			

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	incontinence". The Nurse was asked if medical factors to client B's incontinence had been ruled out. The Nurse stated, "That's what we're consistently trying to rule out. We did a urine analysis. The bladder scan, it will tell you how much urine you have. Some people can't urinate. Hers was 0 ml (milliliters). She has no issue relieving her bladder. She's on a toileting schedule every 2 hours". The Nurse indicated client B had a scheduled Urology appointment for the beginning of February 2024 to discuss the incontinence issue further and stated, "They (urologist) did not put her on anything. Typically, they would put someone on medication to see if it would help with an overactive bladder or if any other ideas. She was using briefs (incontinence underwear) for a period of time at [name of previous group home]. Her sister did not want to do that because she's so young". The Nurse was asked if client B's sister was her guardian. The Nurse shook her head yes and stated, "I typically don't want people using depends (incontinence underwear). I feel like if we go straight to the depends and not working with her it will be a failure... I don't want to say a failure to thrive, that's a pediatric thing. You really want to make that the last effort. She was living on her own before she came here. I feel she can put more into it". The Nurse indicated client B was not having skin integrity issues and provided an example of client B going to smoke, experiencing urinary incontinence, and would return inside to sit back down. The Nurse stated, "That's where I feel it's more behavioral than medical. I don't think we've been able to establish that yet". The Nurse was asked what was needed to be able to establish if client B's urinary incontinence was a behavioral issue rather than a medical condition. The Nurse stated, "Consistency with the toileting schedule. Maybe increasing the toileting schedule. I think maybe a			

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	reward system. Usually, there is some sort of abnormality or stress, like having babies". The Nurse indicated this was not a part of client B's history. The Nurse stated, "We know she's stealing people's drinks at workshop. Usually, avoid chocolate, caffeine, carbonation and citrus". The Nurse was asked if this dining strategy had been attempted to support client B with her urinary incontinence. The Nurse stated, "I usually get a doctor order and following up when she has her urology appointment". The Nurse was asked if behavioral strategies had been added or changed in client B's behavior plan. The Nurse stated, "A hygiene plan (goal), we are ruling out the medical when we talk to urology. I feel the depends is a quick easy fix. As long as they're no skin integrity issues, we still have time to work on it. Perhaps we need to increase the toileting to hourly during waking hours". The Nurse was asked if the 2-hour toileting schedule was documented to measure the effectiveness and/or tracking for the frequency of client B's urinary incontinence. The Nurse stated, "No, we should. I need to update and train on it (urinary incontinence risk plan)". On 1/17/24 at 12:25 PM, the QIDP was interviewed. The QIDP was asked about client B's urinary incontinence as a daily occurrence, being sent home from workshop and a lack of strategies to measure the effectiveness of client B's urinary incontinence program plans. The QIDP stated, "Yeah, the plan needs modified. The tracking of how often it's occurring. When [nurse] put the 2-hour in her TAR (treatment administration record), I did not put it in the BSP. I did have a staff tell me she was not following her 2-hour (schedule). I don't have the tracking to back that up. We need to revisit the incontinence plan and retrain staff".			

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W 0252 Bldg. 00	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 additional client (H), the facility failed to document incidents of client H's verbal aggression when threatening comments were made concerning client B's urinary incontinence accurately and consistently. Findings include: Confidential Interview (CI #1): The CI indicated client H would make threatening comments and death threats toward her peers. The CI indicated no tracking of client H's threats or additional supports have been added to client H's behavioral support plan. On 1/16/24 at 1:34 PM, the Workshop Program Manager and the Workshop Production Manager were interviewed. The Workshop Managers were asked if client H was making threats toward her peers. The Production Manager stated, "She works downstairs, noise bothers her. She is a force to work with". The Program Manager stated, "[Client H] can be a handful". The Production Manager stated, "We had a terrible time with her around Christmas time". The Workshop Managers were asked if client H made threats to harm other peers. The Program Manager stated, "I've not known her to do that". The Production Manager stated, "She was really upset around	W 0252	1 The Facility will ensure data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. 2 The QIDP retrained staff on verbal aggression and plan to redirect. 3 QIDP retrained staff on tracking verbal aggression on the ABC Tracker. 4 ABC Tracking will be review weekly by the Area Supervisor or DSL and Monthly by QIDP. 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**ersons Responsible:** AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	02/15/2024

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	Christmas time toward her dad. I had to send her home and I try not to. I don't want people to do things to just go home. I did an in work suspension". The Managers were asked if client H was threatening her housemates. The Production Manager stated, "I've heard her upset about someone not waking up and making them late. Like, I'm not going to get all of this done because so and so would not get up. Threatening, no not here at work". The Program Manager stated, "I don't think so, because I think the others would come tell us. On her behavior plan it talks about aggression. Hers is mostly mouthy, yelling out, but threatening... no". The Managers described client H's work setting as being separate from peers to prevent noise and distraction to maintain an environment where she could be productive. Both the Program Manager and the Production Manager indicated client H was productive at work, had behavioral challenges, but was not threatening toward her peers in her work environment. On 1/16/24 at 4:18 PM, staff #1 was interviewed. Staff #1 was asked about the relationships between the clients living at the group home and if any internal conflict between the clients living at the group home was occurring. Staff #1 stated, "Sometimes we get threats from [client H] towards others. I don't think she means it... I don't think she would hurt anyone. [Client H] is getting worse. She can say things in threatening ways. [Client H] gets mad at [client B]. She gets mad a lot". Staff #1 was asked what things client H would get mad about toward client B. Staff #1 stated, "The smell. She urinates on herself. She says we need to get rid of her because she smells ... I don't think she would. She's been here six or seven years". Staff #1 was asked if client H was acting out on the threats she had made. Staff #1			

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	stated, "No". On 1/17/24 at 12:40 PM, a focused review of client H's record was conducted. The review indicated the following: Behavioral Support Plan (BSP) dated 5/17/23 indicated, "Target Behaviors and Goals: ... Verbal Aggression: Anytime [client H] speaks louder than what is necessary for the situation, anytime she yells, curses, threatens, or has any other verbal outbursts. Goal: [Client H] will have 5 or fewer occurrences of verbal disruption a month for three consecutive months ...". Staff Notes from 12/4/23 to 1/17/24 indicated the following entries: "1/14/24 Detailed Summary: In room, upset about cake from yesterday. Screaming. Locked her door and hid in her closet. Wouldn't respond to her staff. She eventually came out and refused meals with roommates. Refused snacks with roommates ... 12/17/23 Detailed Summary: Had lunch. Went to her room was upset she couldn't (sic) go on outing due to bank being closed and staffing. In her room watching tv (television). No concerns ... 12/18/23 DETAILED SUMMARY: [Client H] made her way to the dining room. She ate waffles. [Client H] took her morning medication. [Client H] spoke to lead staff about her outing. She was upset she wasn't able to go today. She prepared herself for work and headed to the van ...". Behavior Tracking from 12/4/23 to 1/17/24 indicated the following dates with behavior tracking sheets:			

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	12/29/23 ... "Verbal Aggression, Physical Aggression and Property Disruption". Hand written notes indicated, "Hitting walls / doors. Other: Following staff telling them she's going on her outing whether staff likes it or not. [Client H] hitting the wall or door in her room mad over her outing". 12/30/23 ... "Verbal Aggression ... Notes: Screaming and yelling because she wants one of the staff to take her on her outing. There is (sic)... 2 staff here. She's on a 1-1 (one to one) for outings ...". 1/13/24 ... "Verbal Aggression x (times) 8 and Exploitation (manipulating others) x 2". No narrative notes were entered on the tracking form to indicate the type of verbal aggression client H was exhibiting. Review of client H's behavior tracking and staff notes, the act of making threatening comments toward her peers was not documented. No staff notes were available for review for 12/29/23, 12/30/23 or 1/13/24 as indicated in client H's behavioral tracking for Verbal Aggression, Physical Aggression and/or Property Disruption. In addition, no behavior tracking was provided for review for the staff note dated 1/14/24 which indicated client H was screaming, locked her door and hid in her closet from staff. On 1/17/24 at 12:54 PM, the Qualified Intellectual Disabilities Professional (QIDP) was interviewed. The QIDP was asked if client H was making threatening comments toward her housemates and/or peers. The QIDP stated, "She has made statements out of anger, but I don't think pointing at people saying I'm going to kill you. I think her ability to handle situations, she's intolerant. If it's			

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	her shopping day and someone needs to go to Urgent Care, her shopping is more important. I trained the staff on ABC (behavior) tracking". The QIDP was asked if client H's staff notes, and behavior tracking, indicated threats were being made and consistently and accurately being documented. The QIDP indicated further review and follow up would be provided. On 1/17/24 at 2:16 PM, the QIDP provided further follow up and indicated client H's staff notes and behavior tracking sheets were not consistent. The QIDP stated, "I believe they're (staff) desensitized to it (verbal aggression/threats). She's consistently talking about it or throwing a temper tantrum. I'll retrain them again that threats are (forms of) verbal aggression. I think they would mark it if it (behavior tracking) said 'Threatening', but verbal is just yelling. I think that would go far with her father and therapist, like that's not appropriate when living with other women". The QIDP was asked if behavior tracking was missing when compared to staff notes for client H's behavior described. The QIDP stated, "Yes". The QIDP indicated further staff training was needed to ensure consistent and accurate behavior tracking was completed for client H's supports and services. This federal tag relates to complaint #IN00426049. 9-3-4(a)			
W 0429 Bldg. 00	483.470(e)(2)(i) HEATING AND VENTILATION The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation and interview for 1 of 3 sampled clients (A) and 2 additional clients (E and	W 0429	1 The facility contacted an HVAC contractor to identify issues	01/29/2024

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	F), the facility failed to ensure the temperature of the back of the group home was maintained at 68 degrees Fahrenheit or warmer. Findings include: An observation was conducted on 1/16/24 from 3:30 PM to 5:39 PM. Throughout the observation, one of the two furnaces made an audible sound and would continuously run without kicking off. At 4:12 PM, the thermostat in the back hallway indicated an internal temperature at 65 degrees (Fahrenheit) and was set at 72 degrees. In addition, client E's bedroom was observed to have numerous personal items and stuffed animals throughout her bedroom, on the floor, and on her bed which prevented the heating and cooling registers to be viewed and promote warm air circulation. The observation indicated the following: At 4:18 PM, staff #1 was asked about client E's bedroom being free from clutter, if she slept on the floor and if the home was having a heating issue. Staff #1 indicated client E's behaviorist worked with her to organize her bedroom. Staff #1 indicated client E would collect items to work on her crafting, and hoarding was an aspect of her behavior program. Staff #1 indicated she had never known of client E to sleep on her floor. Staff #1 stated, "It's more organized now. There is a clean walkway now. I've not looked at it for 4 of 5 hours". Staff #1 indicated she had assisted client E's peers with medical appointments, but a walkway was around her bed when she had assisted client E with her morning medication routine. Staff #1 indicated client E's personal items and stuffed animals should be placed in hanging nets and around her bedroom to maintain an open space on her bed and floor.		with the heating an cooling system in the house on 1/16/2024. The contractor performed emergency service and identified possible solutions for the air handling unit. 2 The maintenance manager approved emergency repair and additional cold air returns were installed for the second system responsible of temperature for the south wing of the site. 3 The HVAC contractor recommended the installation of an additional system for the south wing of the facility. Equipment was ordered and the HVAC and Electric Contractor completed the installation of the additional system on Jan 29th 2024 to service the south wing. 4 The DSL, Area Supervisor, Program Manager and Maintenance Manager will continue to monitored site temperature and if an issue is noted repair will be immediately scheduled by the Maintenance Manager. 5 The Area Supervisor will inservice staff on reporting on minimum and maximum temperature in home. 6 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.	

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	Staff #1 was asked if the home was having a heating issue. Staff #1 stated, "Yes! Every winter we get this problem. When it's summer, it's too hot. The last time they fixed the other side. They just need to replace it. It's not going to get any better. The girls get really cold, except for [client H]. She loves the colder temperatures. [Maintenance] knows about it ... If it gets back into the 40s you would not know. I hope they fix it". Staff #1 was asked if she would accompany the surveyor to check the temperature of the group home and the condition of client E's bedroom. At 4:59 PM, client A was seated on her bed inside her bedroom. Client A was asked if the temperature of room was comfortable. Client A stated, "A little on the chilly side". At 5:03 PM, upon entering client E's bedroom, a noticeable colder temperature inside her bedroom could be felt compared to the hallway where the thermostat indicated a temperature of 65 degrees. Client E's bedroom had numerous personal items and stuffed animals throughout her bedroom, on the floor, and on her bed. The registers for warm air circulation could not be viewed within client E's bedroom. At 5:04 PM, the Qualified Intellectual Disabilities Professional (QIDP) was asked to step inside client E's bedroom entryway. The QIDP stated, "Oh, it's cold in here". Client E's bedroom was cluttered with personal items and stuffed animals on her bed and throughout the flooring of her bedroom. No walkway with open space was around client E's bed. Client E's bedroom had an exterior window. No heating vents from client E's bedroom floor or walls were visible. The number		**Persons Responsible:** AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.	

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	of personal items and stuffed animals within client E's bedroom blocked the view of any ventilation registers within her bedroom. At 5:05 PM, client F's bedroom was observed. Client F had an electric space heater plugged into an outlet and positioned in the center of her bedroom floor. At 5:08 PM, client E was asked while sitting in the living room if her bedroom was too hot or cold. Client E stated, "Probably too cold". At 5:21 PM, client F was asked if she had a heater in her bedroom. Client F stated, "Yeah. I got it at [name of store]". Client F was asked if this was because her bedroom was too cold. Client F stated, "My room gets cold. In the summertime, it gets hot in there. Why everyone gets cold is because there is a problem with the heater (furnace). We got to get that worked on". On 1/17/24 at 1:44 PM, the Assistant Executive Director (AED) was interviewed. The AED was asked about the heating issue at the group home. The AED stated, "We had an AC issue over the summer. Yesterday it was cold. We called an emergency service contractor. He is back at the house. What they've figured out is there is not enough cold air return. It's not keeping up. The HVAC (heating, ventilation, and air conditioning) contractor is modifying the ductwork". The AED indicated more follow up was needed to ensure proper heating and cooling of the group home and an open space within client E's bed to ensure proper ventilation. This federal tag relates to complaint #IN00426049. 9-3-7(a)			

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