STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		15G157	B. WING		02/20/2024
NAME OF E	PROVIDER OR SUPPLIE		STREET	ADDRESS, CITY, STATE, ZIP COD	-
				PACHE DR	
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN	JEFFE	RSONVILLE, IN 47130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG W 0000	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
W 0000					
Bldg. 00					
] 3. 33	This visit was for the	he PCR (Post Certification	W 0000		
		determined full annual			
		state licensure survey			
	completed on 12/22	2/23.			
	This visit was done	e in conjunction with the			
		mplaints #IN00426048 and			
	#IN00425496.	mpianits //1100420046 and			
		12/24, 2/13/24, 2/14/24, 2/15/24,			
	2/16/24, 2/19/24 ar	nd 2/20/24.			
	Facility Number: 0	00693			
	Provider Number:	15G157			
	AIMS Number: 10	0234510			
		also reflect state findings in			
	accordance with 46				
		this report completed by #15068			
	on 3/6/24.				
W 0149	483.420(d)(1)				
		ENT OF CLIENTS			
Bldg. 00		develop and implement			
		nd procedures that prohibit			
		glect or abuse of the client.			
		view and interview for 3 of 3	W 0149	The Facility will retrain s	
	_	B and C), plus 4 additional		at the site on the Abuse, Negl	ect
		d G), the facility failed to the policy and procedures to		and Exploitation Policy and disciplinary action will be given	n if
	_	ate an incident of vandalism of		the policy is not followed. Area	
		e to clients A, B, C, D, E, F and		Supervisor and Direct Suppor	
		e staff identified, reported and		Lead will ensure that the Abus	
		tions of verbal abuse and		Neglect and Exploitation Police	y is
		ents A, B, C, D, E, F and G by a		followed. Monitoring of ANE w	
		er and to ensure client A's		done by The Program Manage	er,
	ability to give infor	rmed consent, social media and		Area Supervisor and Direct	
LABORATOR	RY DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	IGNATURE	TITLE	(X6) DATE
Mark Slau	ghter		AED		03/19/2024

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclodays 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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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G157	B. WI	NG		02/20/	/2024
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			PACHE DR		
DES CAI		LTERNATIVES SE IN			RSONVILLE, IN 47130		
KES CAI	RE COMMUNITY A	ALTERNATIVES SE IN		JEFFEI	ASONVILLE, IN 47 130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	·ΤΕ	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	were re-assessed to ensure			Support Lead to ensure all		
	and advocate for her health and safety				incidents of possible abuse,		
					neglect and exploitation are		
	Findings include:				reported to the QA departmer		
					The Program Manager v		
	1. QAM (Quality Assurance Manager) was				ensure the Area Supervisor w		
	interviewed on 2/12/24 at 2:18 PM. QAM indicated				retrain staff on the Abuse, Ne	glect	
		ncident of eggs being thrown			and Exploitation Policy and		
		D, E, F and G's home. QAM			disciplinary action will be give	n if	
		he eggs broke and some did			the policy is not followed.		
	not. QAM indicated the eggs that did not break				Area Supervisor and		
	had derogatory and insulting words written on				Program Manager will ensure	that	
	them, but she could not recall the exact words.				the Abuse, Neglect and		
		agency had recently			Exploitation Policy is followed		
		nember. QAM indicated the			through random monitoring.		
		he former staff had thrown the			The area supervisor in		
	eggs and written th	e words on the eggs.			serviced facility staff on ResC	are	
					anonymous compliance line		
	1	(Bureau of Disabilities Services)			allowing an additional resource	e for	
	1 -	gations were reviewed on			staff to report outside the		
		I. The review indicated the			Administrative chain, and on		
	following:				ResCare's non-retaliation and	Zero	
					Violence policy.		
		cated, "Allegations were			The Administrator held a		
	received of staff ye	elling at [client D]."			team meeting to review "The		
					(United States) Department of	Í	
	And,				Justice		
					website:		
		in question was placed on			https://www.justice.gov/hateci		
	administrative leav	e pending investigation."			s/learn-about-hate-crimes#Cr	<u>me</u> "	
		5 . 140/5/00 : 1: 1			to determine course of action		
	Investigation Sumr	mary Dated 12/7/23 indicated:			involving suspected hate crim	es	
		* 60 x 1 1 0			and future reporting.		
	_	was initiated when it was			The DSL complete retra	ining	
		Former Staff)] went to Apache			of "Abuse, Neglect, and		
	1 0 1	elled at staff on duty regarding			Exploitation in Community Liv	-	
	_	was also reported [FS] yelled			Homes" no later than March 2	2,	
	at and called [clien	t D] stupid."			2024.		
					An investigation was		
	-"[Client D] reported	ed that approximately 2:00 AM			conducted on "DSP #1" and		

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PEPAKTMEN PENTEDS FOI		MB NO. 0938-039				
	R MEDICARE & MEDIC  NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(V2) MI II TIDI I	E CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			PLETED
ANDILAN	OF CORRECTION	15G157	B. WING	. <u>00</u>	-	0/2024
		150 157	b. wind		. 02/20	0/2024
NAME OF I	PROVIDER OR SUPPLIEF	9	STRE	EET ADDRESS, CITY, STATE, ZIP COI	D	
NAME OF	FROVIDER OR SUFFLIER		3011	1 APACHE DR		
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN	JEF	FERSONVILLE, IN 47130		_
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRE	ECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX		ULD BE PROPRIATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	on 12/3/23, she and	[DSP (Direct Support		termed for violation of Al	NE.	
	Professional) #2], v	vere in the living room		Monitoring of Corre	ective	
	watching TV. [Clie	nt D] stated the sliding glass		Action: The Program Ma	ınager,	
	door opened and [F	S] came in the group home.		Area Supervisor and Re	sidential	
	[Client D] reported	[FS] began yelling at [DSP #2]		Manager will ensure all i		
	regarding a persona	al matter between the two.		of possible abuse, negle		
	[Client D] stated [F	S] then began yelling at her,		exploitation are reported		
	[client D], for not g	iving [FS's] phone number.		department.		
	[Client D] also state	ed [FS] called her, [client D],				
	stupid. [Client D] si	tated [DSP #2] asked [FS] to				
	leave and [FS] left	the group home. [Client D]		Persons Responsible: A	ED,	
		her repeatedly wanting her to		Quality Assurance Mana		
		sages. [Client D] stated [DSP		Coordinator/QIDP Mana	-	
		to stop answering her phone.		Program Manager, Area	-	
		the then blocked [FS] so she		Supervisor, QIDP, Direct		
		ore calls. [Client D] stated [DSP		Lead, and DSP.		
		(Area Supervisor)] to report				
		ient D] and [AS] then texted				
	_	w hours because [client D] was				
		uld come back to the group				
		ated she went into her bedroom				
		r due to being scared. [Client				
		I scared that [FS] is going to				
	_	roup home and yell at her some				
	more."	,				
	-"[DSP #21 reported	d she was working on 12/3/23				
		D] were in the living room				
		P #2] stated at approximately				
		g door opened and [FS] came				
		e. [DSP #2] stated [FS] began				
		P #2] stated she and [FS] had				
		[FS] was yelling at her about				
	^	#2] stated [FS] then began				
	_	for not giving [DSP #2] [FS's]				
		. [DSP #2 stated [FS] then				
	_	upid. [DSP #2] reported she				
	canca [chem D] st	.pra. [Doi #2] reported site	1	l		1

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asked [FS] to leave the group home. [DSP #2]stated she then called [AS] to report the incident. [DSP #2] reported [client D] was crying and

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	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING	00	COMPL	
		15G157	B. W	ING		02/20/	/2024
	PROVIDER OR SUPPLIEF	LTERNATIVES SE IN		3011 AF	DDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	AIE	DATE
		stated [client D] told her she					
		] was going to come back and					
	yell at her again."						
	home) and yelled at matter. It is substan [client D] stupid."	[FS] went to Apache (group t staff regarding a personal tiated [FS] yelled at and called					
	Client E was interviewed on 2/13/24 at 12:27 PM.						
	` ``	tellectual Disabilities					
	Professional) and QAM (Quality Assurance Manager) were present throughout the interview with client E. Client E indicated she remembered						
		r home. Client E stated,					
		that we are r and stuff like					
		been somebody in the past that					
	had a grudge agains	st us and (I) know exactly					
	, ,	want to say the name. That's					
		e cameras to make sure we are					
		ame demonstratively upset					
		rrning towards QIDP). Client E					
		want to remember that					
	Client E stated, "Fe	vas "upset about the eggs."					
	Chem L stated, Te	at 50 scarca.					
	QIDP was interview	wed on 2/13/24 at 10:22 AM.					
	-	ent E was having some					
		al health and could be less					
	reliable than at her	baseline.					
		. 1 0/10/04 : 10 00 13.5					
		riewed on 2/13/24 at 10:30 AM.					
		at her home. Client A stated					
		oke up and found some eggs"					
		ome. Client A indicated she					
		who had thrown the eggs at					
		indicated some of the eggs had					
		words written on them. Client					
		ecall what the words said.					

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-039
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DA	TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	<sup>3</sup> 00	CON	MPLETED
		15G157	B. WING		02/	20/2024
			CED I	TET A DEDEGG CUTY OF A TE	- 7ID 00D	
NAME OF	PROVIDER OR SUPPLIEI	3		EET ADDRESS, CITY, STATE	E, ZIP COD	
DE0 04		L TERMATINES OF IN		1 APACHE DR	400	
RES CA	RE COMMUNITY A	LTERNATIVES SE IN	JEF	FERSONVILLE, IN 47	130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN	N OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX		CTION SHOULD BE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG		ENCY)	DATE
	Client A indicated	this occurred in January 2024				
	but did not recall a	specific date. QIDP (Qualified				
	Intellectual Disabil	ities Professional) and QAM				
		Manager) were present				
		rview with client A. QAM				
	-	neident was not reported to				
		sabilities Services) or				
	The state of the s	indicated the facility did not				
	-	client as the target of the eggs				
		age written on the eggs. QAM				
		y did install a security camera				
	to address further incidents.					
	to address farmer in	ioracino.				
	Client F was interviewed on 2/13/24 at 11:38 AM.					
		here had been an incident of				
		at her home. Client F stated,				
		nice words on them. Had (sic)				
		" Client F stated she saw				
		with the word on it and the				
		oken up all over the house up				
		icated she did not recall a				
		t F indicated staff were made				
		Client F indicated she did not				
		ad thrown the eggs at the home				
		vord on the intact egg. Client F				
		me of us think, it was an old				
		And other people (have) ideas				
	_	e kids that did it." Client F				
	1	was really upset about it. Was				
	concerned."					
	DGD (D' + G	. D. C 1) //2				
		rt Professional) #2 was				
		3/24 at 12:45 PM. DSP #2				
		vorked at the group home for				
		ed shifts with clients A, B, C, D,				
		2 indicated she was not working				
		ime but was aware of an				
		A, B, C, D, E, F and G's home				
	being egged. DSP #	‡2 stated, "When I came in (to				

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work) was told someone had egged the house

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	COMPLETED
		15G157	B. WING		02/20/2024
NAME OF F	PROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COD	
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		PACHE DR RSONVILLE, IN 47130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDENCE NAME CONDUCTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		on the eggs. R, ww-stated she did not know who			
	· ·	e and written the derogatory			
	words on the eggs but "one of the old staff called				
		w and assumed it was			
	her."				
	DSP #2 indicated c	lients A, B, C, D, E, F and G had			
	seen the eggs. DSP	#2 stated clients A, B, C, D, E,			
		were hurt. They told me that			
	(it) made them sad	and (feel) different."			
	DSL (Direct Support Lead) was interviewed on				
	2/13/24 at 1:07 PM. DSL indicated she was the				
		B, C, D, E, F and G's home. DSL			
		een the lead since October			
	supervision and trai	d her role as lead included the			
	Super vision and trus	annig or sum.			
		come in and saw eggs over the			
	1	ere hysterical because of the			
		eggs) not broken. Believe iled." DSL stated, "Someone			
		R Idiots (and) called them			
		ads." DSL stated clients A, B,			
	C, D, E, F and G "v	vere very upset and (some were)			
	crying."				
	The US (United Sta	ates) Department of Justice			
	website:				
		gov/hatecrimes/learn-about-h			
		vas reviewed on 2/14/24 at 12:30			
	PM. The review inc	dicated the following:			
	-"At the federal lev	el, hate crime laws include			
		on the basis of the victim's			
	l ~	race, color, religion, national			
	origin, sexual orien or disability.	tation, gender, gender identity,			
	of disability.				

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	UILDING	00	COMP	LETED
		15G157	B. W	ING		02/20	/2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	R			PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
		me laws include crimes					
		pasis of race, color, and religion; crimes committed on the basis					
		n, gender, gender identity, and					
	disability."	ii, gender, gender identity, und					
	-"The 'crime' in hate crime is often a violent crime,						
	such as assault, murder, arson, vandalism, or						
	threats to commit such crimes."						
	The review indicated a group home was an						
	example of group of people included in hate crime						
	laws. The review indicated vandalism was a crime						
	included in hate cri	me laws.					
	1	(Bureau of Disabilities Services)					
		were reviewed on 2/12/24 at					
	3:19 PM. The revie						
		he vandalism with derogatory clients A, B, C, D, E, F and G's					
		orted to BDS, investigated or					
	_	forcement as indicated in the					
	agency's ANE police						
	AFD (Associate Fy	secutive Director) was					
	· ·	4/24 at 12:50 PM. AED					
		ns of abuse and suspicion of a					
	_	ent should be reported to BDS					
	_	forcement. AED indicated he					
	was aware of an inc	cident of the home being egged					
		rds being written on the eggs.					
		the specific words written on					
		ed, "I do agree it could be					
	suspicion of a crim	e."					
	2. Client A was interviewed on 2/13/24 at 10:30 AM. Client A stated, "[DSP (Direct Support						
	_	nice but sometimes [DSP #1]					
	_	les she's nice. Not allowed to					
	nave food or drinks	in the van. Feel like she yells			I		1

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	00	COMPI	ETED
		15G157	B. WI	NG		02/20	/2024
	PROVIDER OR SUPPLIER		•	3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR		
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ad for [client E]. [Client E] gets					
	upset." Client A indicated client E had cried after being yelled at by DSP #1. QIDP (Qualified						
	Intellectual Disabilities Professional) and QAM						
		with client A during the					
	_	d QAM indicated they were					
		tions or concerns of verbal					
	abuse regarding DSP #1.						
	Client D was interviewed on 2/13/24 at 12:03 PM.						
	When asked how her staff treated her, client D						
	stated, "Only one have issues with is [DSP #1].						
	She constantly screams at us. Really loud. Can hear her all the way from the office. Can hear her						
	-	s at everybody. Wants					
		o. Just loud. Get scared					
		e." Client D stated, "[Client A]					
	(is) sensitive too an						
	, ,	ere interviewed on 2/13/24 at					
		nd QAM indicated during the					
		ents A and F they had become s of verbal abuse by DSP #1.					
	_	dicated DSP #1 was already on					
		ng other/separate allegations.					
		dicated they were not aware of					
		ons of verbal abuse regarding					
	_	interviews with the clients on					
	2/13/24.						
		iewed on 2/13/24 at 12:27 PM.					
	` `	ere present throughout the					
		nt E. During the interview client					
		Heard rumors about a staff that					
		OSP #1]?" Client E stated, "I					
		(was) sometimes a mean					
	_	ed to clarify why she stated P#1, client E stated, "Heck no!					
		p put me down. Wanted me to					
		was having a bad day.					
	Say quiet when she	mas naving a oaa day.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE COMPL <b>02/20</b> /	LETED	
	RE COMMUNITY A	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRODEFICIENCY)	O BE	(X5) COMPLETION DATE
	have positive- she h	d a lot of bad days. I try to as mood swings so know d know (if) she's okay?"				
	DSP #2 indicated sl home for over 1 year A, B, C, D, E, F and not witnessed but h. C, D, E, F and G th. DSP #2 stated it was DSP #1 "made comgirls I've ever seen. and everybody. [Cl: She's new and not us indicated she had not her supervisor but h. C, D, E, F and G to QIDP. DSP #2 state #1] is. She does wh	ewed on 2/13/24 at 12:45 PM. The had worked at the group are on varied shifts with clients and G. DSP #2 indicated she had and been told by clients A, B, ey had concerns with DSP #1. The series reported to her by the clients ments like you girls are nastiest and the their feelings. [Client F] tient F] took it the hardest. The seed to [DSP #1]." DSP #2 The treported the concerns to the and encouraged clients A, B, report their concerns directly to and, "Everyone knows how [DSP at she is supposed to do but girls feel gross with her				
	2/13/24 at 1:07 PM lead for clients A, E indicated she had be	rt Lead) was interviewed on DSL indicated she was the B, C, D, E, F and G's home. DSL een the lead since October d her role as lead included the ning of staff.				
	in-services. DSL in the ANE policy and clients A, B, C, D, I regarding the ANE any concerns regard DSL stated, "[DSP aggressive. Very sto when stern. Some h	nad participated in recent dicated she was retrained on I had assisted in training E, F and G's group home staff policy. When asked if she had ling current staff at the home, #1] sometimes she can be ern and (clients) don't listen ave reported [DSP #1] had L stated, "[DSP #1] doesn't				

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 $QQFQ12 \quad \text{Facility ID:} \quad 000693$ 

If continuation sheet

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPI	
		15G157	B. W	ING		02/20	/2024
NAME OF I	PROVIDER OR SUPPLIEF				ADDRESS, CITY, STATE, ZIP COD		
DECOA		I TEDNIATIVES SE IN			PACHE DR		
KES CAI	TE COIVIIVIUNITY A	LTERNATIVES SE IN		JEFFER	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION DATE
TAG		girls. Not seen but the girls		TAG			DATE
		I was there and heard [DSP					
	#1] state the dishes were not hers and not her						
	_	s) looked scared. Sometimes					
	teary eyed." DSL in	ndicated she had not reported					
	_	SP #1 yelling at clients A, B, C,					
		r supervisor AS (Area					
	- '	nter stated, "feel like when I					
		DP and AS] they don't listen.					
	[AS] just tells me to talk to [DSP #1] about it or address the situation. Sometimes (clients) having						
	lying issues. Sometimes she'll, [AS], talk to [DSP						
	#1] too."						
	, , , , , , , , , , , , , , , , , , ,						
		(Bureau of Disabilities Services)					
		were reviewed on 2/12/24 at					
	3:19 PM. The revie						
		llegations of verbal abuse or					
		ents A, B, C, D, E, F and G					
	regarding DSP #1.						
	The agency's POC	(Plan of Correction)					
		provided by AED on 2/12/24					
	at 3:35 PM. The PC	OC documents were reviewed					
	upon receipt and in	cluded the following:					
	-POC document ros	garding staff treatment of					
		te) indicated, "The facility will					
	·	ite on the ANE policy and					
		will be given if the policy is not					
		Supervisor) and DSL (Direct					
	* *	ensure that the ANE policy is					
		ng of ANE will (be) done by the					
		AS and DSL to ensure all					
	_	e ANE are reported to the QA					
	(Quality Assurance						
	"Date of Completio	n: January 19, 2024."					
	-In-Service Sheet d	ated 1/29/24 indicated, "The					
		ave reviewed and understand					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G157	B. W	ING		02/20/	2024
en en r				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	C		3011 AF	PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION the proper procedure for: ANE in packet.			TAG	DEFICIENCE		DATE
		it? Warning signs. Test.					
		view indicated DSP #2 and					
	_	In-service and participated in					
	the 1/29/24 training.  AED (Associate Executive Director) was interviewed on 2/14/24 at 12:50 PM. AED						
	_	ed the facility's POC					
		2/12/24. AED indicated the					
		uded an in-service training					
		24 regarding the facility's ANE ted the AS completed the					
		L would assist in supervising					
		p home with the ANE policy					
	_	ED indicated the DSL would					
	report allegations of	r concerns to the AS, or if					
		report her allegations or					
		(Quality Assurance)					
		ndicated the facility's ANE					
		erbal abuse and included					
	clients.	g language by staff towards					
	chents.						
	3. Client A was into	erviewed on 2/13/24 at 10:30					
		ed Intellectual Disabilities					
	· ·	OAM (Quality Assurance					
		sent throughout the interview					
	with client A.						
	Client A indicated s	she did not have a guardian.					
		ner parents live out of state and					
	she talked to them	often.					
	Client A indicated t	here had been an incident with					
	_	lline. Client A did not recall a					
	_	t A indicated she had been					
		nd had not met him in person					
		ent A stated, "It was a dating					
	thing. Didn't go too	well." Client A stated, "He					

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		NSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	00	COMPI	
		15G157	B. W	'ING		02/20	/2024
NAME OF F	PROVIDER OR SUPPLIER	·	_		ADDRESS, CITY, STATE, ZIP COD		
					PACHE DR		
RES CAL	KE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION nome which he shouldn't have.		TAG	DEFICIENC!)		DATE
		and he came into the house					
		have. I think staff should have					
		time and talked." Client A did					
		ic staff working at the time of					
	the incident. Client	A stated, "We were supposed					
	to go for a walk and	l he didn't want to go for a					
	,	ected at this point and stated,					
		instead." Client A stated, "It					
		g to know me. Staff wasn't out					
	there. They were in the house. I think they should						
	have been out there and said 'No' and told him to						
	leave and they didn't." Client A indicated intercourse with the man was consensual but						
	regretted the incide						
	regretted the merde						
	Client A indicated s	she had a new boyfriend for the					
		ths but did not specify an					
		lient A indicated she met her					
	current boyfriend o	nline and he had not come to					
		n in person. When asked if she					
		ew boyfriend, client A stated,					
		g himself, keeps saying you					
	_	nere." Client A stated, "Wants					
		ansas. Said he cares about me."					
	· ·	nd stated, "He's not asked for					
		g." QIDP stated, "When rked at the home she coached					
	1 2	rmation on line." QIDP					
	_	4 when she was at the group					
		she asked her about the					
		s sharing online. QIDP					
	indicated client A's	personal information was					
		nged her social media settings					
	to private.						
	Client A finished th	ne interview and exited the					
		AM indicated there was not a					
		investigation regarding the					
	_	QAM indicated the staff had					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G157		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 02/20/2024				
NAME OF I	PROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COI	)			
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN		RSONVILLE, IN 47130				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORREC				
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE			
	U .	d alone time in her plan and						
	•	sex education training prior to and QAM indicated client A						
		ations but regretted the						
		anons but regretted the s. QIDP and QAM stated						
		A's statements, "she regrets it						
	_	idn't at the time want to. He						
		t day. She was sad and hurt."						
		•						
	Client A's advocate	was interviewed on 2/16/24 at						
	9:22 AM. Client A'	s advocate indicated client A						
	was in the process of	of moving out of the group						
		aller setting. Client A's						
		ot happy with how groups						
		among peers. [Client A] (was)						
	persuaded very easi	ly."						
	Client A's advocate	indicated she was on a						
		osites and had met someone						
		dvocate indicated the man						
	came to the house a	nd they went outside and had						
	sex in a car. Client	A's advocate stated, "That						
		help guide in situations."						
		indicated client A was in need						
	_	ney had been attempting to						
	_	l to get guardianship of her.						
		indicated they went online to						
		on client A had been sharing on						
		lient A's advocate stated,						
		nline found that she had						
		set up. All incorrect she is doing (they) can find out						
		(it's) dangerous not (only) for						
		clients." Client A's advocate						
		vas at risk for exploitation.						
		stated, "She doesn't						
		give you a look and smile and						
		erstands and she doesn't."						
		indicated client A needed						
		t to assist her with online						

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 02/20/2024	
NAME OF P	PROVIDER OR SUPPLIER	· :		ADDRESS, CITY, STATE, ZIP COD	•
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		PACHE DR RSONVILLE, IN 47130	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX	1	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE
		ent A's advocate indicated they eson in Arkansas who was			
	•	ient A to come to Arkansas.			
		indicated he had researched			
		ned the person was not being			
	-	lf. Client A's advocate stated			
		ething from her." Client A's			
	advocate indicated	client A had not reported any			
	allegations to her re	egarding the sexual intercourse			
		advocate indicated client A			
		in her vaginal area after			
		ne bleeding but did not express			
	emotional issues fro	om the incident.			
	QIDP and QAM we	ere interviewed on 2/15/24 at			
		icated she had completed client			
	A's 5/2/23 CFA (Co	omprehensive Functional			
	Assessment) after h	er incident in April 2023.			
	QIDP indicated after	er the incident client A was			
	,	g her interest in having sexual			
		ating. QIDP indicated client A			
	was no longer inter	ested in those relationships			
	but had developed i	interest again after the 5/2/23			
		"She got her questions			
	_	xperience. Thought someone			
	_	wards her. She now knows she			
		before having sex again."			
	-	ent A's sexual incident was not			
	positive.	ent A's CFA included a human			
	`	nt A's CFA included a numan nt. QIDP indicated client A's			
	• •	In the include an assessment of			
		utilize social media, online			
	-	provide informed consent.			
		ewed on 2/13/24 at 12:45 PM.			
		person had come to the house			
		client A they had consensual			
	sex. DSP #2 indicat	ted client A could have been			

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		X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING 00		COMPLETED	
		15G157	B. W	'ING		02/20	/2024
NAME OF F	PROVIDER OR SUPPLIER		-		ADDRESS, CITY, STATE, ZIP COD	-	
					PACHE DR		
RES CAF	≺E COMMUNITY A ·	LTERNATIVES SE IN		JEFFERSONVILLE, IN 47130			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL	CROSS-REFERENCED TO THE AP		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	PROPRIATE	
TAG		R LSC IDENTIFYING INFORMATION  ng the incident as it was her		TAG	DE TOEST.		DATE
		tated, "She could have got					
		on we found out some stuff					
		vas bad. Met on [social media]					
		DSP #2 indicated all of the					
	_	participate in social media and					
	I	#2 indicated the staff coach					
		l information but there were					
	no formal trainings						
	Dat	1 0/10/04 11 07 77 7 7 7					
		ed on 2/13/24 at 1:07 PM. DSL					
		ot working at the home at the					
		nline dating incident. DSL eard about the incident and					
		legations. DSL indicated client					
		not giving out personal					
		re were no formal goals or					
		to teach her social media or					
		DSL indicated client A was					
	_	know people she met online					
		meeting. DSL indicated client					
		arding scammers. DSL stated,					
	_	trying to scam her. Tells [client					
		to be his girlfriend she would					
	_	) for a boyfriend certificate to					
		litary base he is stationed at."					
		as reviewed on 2/13/24 at 2:23					
		y shift notes dated 2/13/23					
		licated the following:					
	-3/18/23: talking to	_					
	-3/19/23: broke up						
	-3/28/23, "Not actir virginity."	ng herself since lost her					
		to multiple men. Not acting					
	herself."	F					
		date with boyfriend."					
		·					
	· ·	vidual Support Plan) dated					
	4/20/22 indicated the	ne following					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	СОМ	TE SURVEY PLETED 20/2024	
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP CO PACHE DR RSONVILLE, IN 47130	D	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	parent's home. She understands the imp needs to be reminded to complete ADL (a She has worked in the is interested in a contract of the IDT (Interdiscont that she have supercommunity activities for health and safety	into placement from her had good mobility and portance of good hygiene but ed. She needs verbal prompts activities of daily living) skills. The community in the past but mmunity job."  iplinary team) recommends vision while participating in es due to her current diagnosis y issues. [Client A] requires eisure time activities."				
		an be sometimes difficult. She				
	building and ground can have 4 hours al- This will be as requalone time should n	restricted to the areas of the ds supervised by staff. Client one time (unsupervised) daily. ested by the client. At home ot occur after 8 PM. Individual during activities within the				
	Client A's IDT (Into 3/20/23 indicated th	erdisciplinary Team) note dated ne following:				
	A] had been talking came to the home a the driveway with h intercourse as repor was embarrassed to was not hurt and w A] has alone time. Shad sex therapy wit the activity as stated	vare of an incident where [client to a man on the Internet. He and [client A] hung outside in him. They had sexual ted by [client A]. [Client A] tell staff but stated that she has wanting to have sex. [Client She was on the property. She had [agency]. She consented to have sex [client A] teld that they did not use				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY						
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING 00 COMPLETED				
		15G157	B. WI	NG		02/20/2024		
NAME OF F	PROVIDER OR SUPPLIER	· }	_		ADDRESS, CITY, STATE, ZIP COD			
					PACHE DR			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	1	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION Dintment was made with PCP		TAG	DEFICIENC!)		DATE	
		sician)/Gynecologist to have						
	1 '	ck her. She said when this						
		peen a virgin and just wanted						
		s like. [Client A] indicated it						
	was not what she th	nought it should be like. She						
	said she doesn't war	nt to do (it) again. We						
		need for being careful. He						
		ngerous. [QIDP] had looked						
		d the sex offender registry with						
	no concerns."							
	The review indicate	ed client A was not assessed as						
		nformed consent, was not						
		her Internet, social media or						
		for her safety and continued to						
	be at risk for exploi	itation after the 3/20/23 incident.						
	Client A was not re	eceiving training or supports to						
		dating or online skills to						
	support her indeper	ndence or health and safety.						
	OIDP and OAM inc	dicated client A was						
		lone time and had received						
	_	aining prior to the incident.						
		dicated staff appropriately						
	supervised client A	at the time of the incident.						
	The facility's notice	and procedures were						
		4 at 3:36 PM. The facility's						
		stigation Abuse, Neglect,						
		eatment or a violation of						
	_	policy dated 11/10/23 indicated						
	the following:	•						
		ively advocate for the rights an						
	1	luals. All allegations or						
		se, neglect, exploitation,						
	1	olation of an Individual's right						
	_	the appropriate authorities						
	through the appropriate	riate supervisory channels and						

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 02/20/2024			
NAME OF F	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD	•		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		APACHE DR RSONVILLE, IN 47130			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECT			
PREFIX	1	CY MUST BE PRECEDED BY FULL		PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
TAG		LSC IDENTIFYING INFORMATION nvestigated under the policies	TAG	DEFICIENCY	DATE		
	· .	tate and federal guidelines."					
		rohibits abuse, neglect,					
	exploitation, mistreatment or violation of an						
	individual's rights.						
		l are defined as any of the					
	_	l abuse including screaming,					
		ling, belittling, damaging an					
	individual's self-res	pect or dignity"					
	-"In accordance wit	h 460 IAC, ResCare will also					
	report any incidents falling in the category of						
	unusual occurrence	S"					
	-"All employees red	eeive training upon hire					
		s/causes of different types of					
		how to report abuse, neglect,					
	-	atment or violation of an					
	_	s well as what to expect from					
	_	l employees receive this					
	training upon nire a	nd annually thereafter."					
		taff person who suspects an					
		tim of abuse, neglect,					
	_	reatment of an individual					
	-	notify the program manager. If ger is unavailable, the chain of					
		ows: Program Director,					
		This step should be done					
		e program manager and/or					
		notify the executive director of					
	the ANE (abuse neg	glect exploitation) allegation."					
	-"3. The program m	anager, or designee will report					
		, neglect, exploitation,					
		lation of individual's rights					
		he initial report to as well as					
	the applicable conta	ects below, which may include:					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		IDENTIFICATION NUMBER	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)	(X5) COMPLETION DATE
W 0153 Bldg. 00	Local law enforcem Bureau of Develope Coordinator"  -"4. Any staff personeglect, exploitation an individual's right immediately suspenfully investigated.  This deficiency was failed to implement to prevent recurrence of the prevent recurrence of th	nent authority (as applicable), mental Disabilities Services  on who is suspected of abuse, in, mistreatment or violation of ts toward an individual will be inded until the allegation can be as cited on 12/22/23. The facility is a systemic plan of correction ince.  ENT OF CLIENTS ensure that all allegations of plect or abuse, as well as in source, are reported as administrator or to other ance with State law through	W 0153	The facility must ensure all allegations of mistreatmen neglect or abuse, as well as injuries of unknown source, a reported immediately to the administrator or to other offici accordance with State law threstablished procedures.  The Area Supervisor wi train all Facility Staff on the B Reporting Standard.  The Facility will retrain sat the site on the Abuse, Neg and Exploitation Policy and disciplinary action will be give the policy is not followed. Are	e that 03/17/2024 tt, re als in rough II DDS staff lect en if

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED
		15G157	B. W	ING		02/20/2024
				CTREET	ADDRESS, CITY, STATE, ZIP COD	
NAME OF I	PROVIDER OR SUPPLIEF	₹			PACHE DR	
DEC CVI		LTERNATIVES SE IN			RSONVILLE, IN 47130	
KES CAI	RE COMMONT FA	LIERNATIVES SE IN		JEFFER	RSONVILLE, IN 47 130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE
	had derogatory and	insulting words written on			Supervisor and Direct Suppor	t
	them, but she could not recall the exact words.				Lead will ensure that the Abus	se,
	QAM indicated the	agency had recently			Neglect and Exploitation Polic	y is
	terminated a staff m	nember. QAM indicated the			followed. Monitoring of ANE w	vill
	agency suspected th	ne former staff had thrown the			done by The Program Manage	er,
	eggs and written the	e words on the eggs.			Area Supervisor and Direct	
					Support Lead to ensure all	
	The facility's BDS	(Bureau of Disabilities Services)			incidents of possible abuse,	
	reports and Investigations were reviewed on				neglect and exploitation are	
	2/12/24 at 3:19 PM	. The review indicated the			reported to the QA departmen	t.
	following:				The Program Manager v	
					ensure the Area Supervisor w	
	-12/4/23 BDS indic	ated, "Allegations were			retrain staff on the Abuse, Ne	II
	received of staff yel	lling at [client D]."			and Exploitation Policy and	
					disciplinary action will be give	n if
	And,				the policy is not followed.	
					Area Supervisor and	
	"The staff member	in question was placed on			Program Manager will ensure	that
	administrative leave	e pending investigation."			the Abuse, Neglect and	
					Exploitation Policy is followed	
	Investigation Sumn	nary Dated 12/7/23 indicated:			through random monitoring.	
					The area supervisor in	
	-"An investigation	was initiated when it was			serviced facility staff on ResC	are
	reported staff [FS ()	Former Staff)] went to Apache			anonymous compliance line	
	group home and yel	lled at staff on duty regarding			allowing an additional resourc	e for
	a personal issue. It	was also reported [FS] yelled			staff to report outside the	
	at and called [client	D] stupid."			administrative chain, and on	
					ResCare's non-retaliation and	Zero
	-"[Client D] reporte	ed that approximately 2:00 AM			Violence policy	
	on 12/3/23, she and	[DSP (Direct Support			The area supervisor in	
	Professional) #2], w	vere in the living room			serviced facility staff on ResC	are
	watching TV. [Clie	nt D] stated the sliding glass			anonymous compliance line	
	door opened and [F	S] came in the group home.			allowing an additional resourc	e for
	[Client D] reported	[FS] began yelling at [DSP #2]			staff to report outside the	
	regarding a persona	l matter between the two.			administrative chain, and on	
	[Client D] stated [F	S] then began yelling at her,			ResCare's non-retaliation and	Zero
	[client D], for not g	iving [FS's] phone number.			Violence policy.	
	[Client D] also state	ed [FS] called her, [client D],			The Area Supervisor wil	ı
	stupid. [Client D] st	tated [DSP #2] asked [FS] to			conduct 3 random weekly dro	
	leave and [FS] left t	the group home. [Client D]			observations to ensure all AN	•
	1				1	l l

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		· /	JILDING	onstruction 00	(X3) DATE COMPL 02/20/	LETED	
	PROVIDER OR SUPPLIEI	LTERNATIVES SE IN		3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
	SUMMARY (EACH DEFICIEN REGULATORY OF reported [FS] called give [DSP #2] mes #2] told [client D] to [Client D] stated showouldn't get any m #2] had called [AS the incident and [client D] stated that [FS] we home. [Client D] stated she incident and [client D] stated that [FS] we home. [Client D] stated she is still come back to the gemore."  -"[DSP #2] reporter and she and [client watching TV. [DSF 2:00 AM, the sliding into the group hom yelling at her. [DSF personal issues and those issues. [DSP yelling at [client D] new phone number called [client D] stated asked [FS] to leave			3011 AF	PACHE DR	Lilly orting E is Lilly orting er, tial ents d e QA	(X5) COMPLETION DATE
	[DSP #2] reported shaking. [DSP #2] was scared that [FS yell at her again." -"It is substantiated home) and yelled a	[client D] was crying and stated [client D] told her she ] was going to come back and [FS] went to Apache (group t staff regarding a personal tiated [FS] yelled at and called					
	[client D] stupid."  Client E was interv	iewed on 2/13/24 at 12:27 PM. tellectual Disabilities					

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDIN	IG	00	COMPL	ETED
		15G157	B. WING			02/20/2024	
			STR	EET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	t .			PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			SONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	X	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	TAG	j	DEFICIENCY)		DATE
		AM (Quality Assurance					
		sent throughout the interview					
		t E indicated she remembered					
		r home. Client E stated,					
		that we are r and stuff like					
		een somebody in the past that					
		st us and (I) know exactly					
		want to say the name. That's					
		cameras to make sure we are me demonstratively upset					
		rning towards QIDP). Client E					
	1	want to remember that					
		as "upset about the eggs."					
	Client E stated, "Fe						
	Chefit E stated, Te	n so scarca.					
	OIDP was interview	ved on 2/13/24 at 10:22 AM.					
	1	ent E was having some					
	1	l health and could be less					
	reliable than at her						
	Client A was interv	iewed on 2/13/24 at 10:30 AM.					
	Client A indicated t	here had been an incident of					
		at her home. Client A stated					
		oke up and found some eggs"					
		ome. Client A indicated she					
		who had thrown the eggs at					
		indicated some of the eggs had					
		words written on them. Client					
		ecall what the words said.					
		his occurred in January 2024					
		specific date. QIDP (Qualified					
		ties Professional) and QAM					
	•	Manager) were present					
	1	view with client A. QAM					
		cident was not reported to sabilities Services) or					
	`	· · · · · · · · · · · · · · · · · · ·					
		indicated the facility did not lient as the target of the eggs					
		age written on the eggs. QAM					
		y did install a security camera					
	maicaica ine agenc	y did mistan a security camera					

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		instruction 00	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION  to address further incidents.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	Client F was interviewed on 2/13/24 at 11:38 AM. Client F indicated there had been an incident of eggs being thrown at her home. Client F stated, "An egg had not so nice words on them. Had (sic) one of words was r" Client F stated she saw one egg still intact with the word on it and the other eggs were "broken up all over the house up front." Client F indicated she did not recall a specific date. Client F indicated staff were made aware of the eggs. Client F indicated she did not see or know who had thrown the eggs at the home or had written the word on the intact egg. Client F stated, "Believe, some of us think, it was an old staff that got fired. And other people (have) ideas about it being some kids that did it." Client F stated, "[Client E] was really upset about it. Was concerned."  DSP (Direct Support Professional) #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she was not working at the home at the time but was aware of an incident of clients A, B, C, D, E, F and G's home being egged. DSP #2 stated, "When I came in (to work) was told someone had egged the house with hateful words on the eggs. R, w			
	DSP #2 indicated clients A, B, C, D, E, F and G had seen the eggs. DSP #2 stated clients A, B, C, D, E, F and G's "feelings were hurt. They told me that (it) made them sad and (feel) different."			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY  COMPLETED  02/20/2024	
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	DSL (Direct Support Lead) was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was the lead for clients A, B, C, D, E, F and G's home. DSL indicated she had been the lead since October 2023. DSL indicated her role as lead included the supervision and training of staff.  DSL stated, "I had come in and saw eggs over the front yard. Girls were hysterical because of the eggs. Some (of the eggs) not broken. Believe some were hard boiled." DSL stated, "Someone wrote on the eggs. R Idiots (and) called them stupid and coke heads." DSL stated clients A, B, C, D, E, F and G "were very upset and (some were) crying."  The US (United States) Department of Justice website: https://www.justice.gov/hatecrimes/learn-about-h ate-crimes#Crime was reviewed on 2/14/24 at 12:30 PM. The review indicated the following:  -"At the federal level, hate crime laws include crimes committed on the basis of the victim's perceived or actual race, color, religion, national origin, sexual orientation, gender, gender identity, or disability.  Most state hate crime laws include crimes committed on the basis of race, color, and religion; many also include crimes committed on the basis of sexual orientation, gender, gender identity, and disability."  -"The "crime" in hate crime is often a violent crime, such as assault, murder, arson, vandalism, or threats to commit such crimes."				
	The review indicated a group home was an				

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Event ID:

 $QQFQ12 \quad \text{Facility ID:} \quad 000693$ 

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETED				
		15G157	B. W	ING		02/20	/2024
NAME OF E	PROVIDER OR SUPPLIER	?	_	STREET A	ADDRESS, CITY, STATE, ZIP COD		
					PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		of people included in hate crime					
	included in hate cri	ndicated vandalism was a crime					
	included in flate cir	me iaws.					
	The facility's BDS	(Bureau of Disabilities Services)					
	and Investigations	were reviewed on 2/12/24 at					
	3:19 PM. The revie						
		he vandalism with derogatory					
		clients A, B, C, D, E, F and G's					
		orted to BDS, investigated or					
	1 -	orcement as indicated in the					
	agency's ANE polic	cy.					
	AED (Associate Ex	recutive Director) was					
	interviewed on 2/14	4/24 at 12:50 PM. AED					
	indicated allegation	ns of abuse and suspicion of a					
	crime against a clie	ent should be reported to BDS					
		forcement. AED indicated he					
		cident of the home being egged					
		rds being written on the eggs.					
		the specific words written on					
		ed, "I do agree it could be					
	suspicion of a crim	с.					
	2. Client A was into	erviewed on 2/13/24 at 10:30					
		d, "[DSP (Direct Support					
	Professional #1] is	nice but sometimes [DSP #1]					
	_	es she's nice. Not allowed to					
		s in the van. Feel like she yells					
		ad for [client E]. [Client E] gets					
	_	dicated client E had cried after					
		OSP #1. QIDP (Qualified					
		ities Professional) and QAM					
		with client A during the					
		nd QAM indicated they were tions or concerns of verbal					
	abuse regarding DS						
	asuse regarding De	/ <u> </u>					
	Client D was interv	viewed on 2/13/24 at 12:03 PM.					
	When asked how h	er staff treated her, client D					

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	ROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DAT		(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G157	B. W	ING		02/20/	/2024
			-	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	8			PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			RSONVILLE, IN 47130		
	<u> </u>			Ц			ı
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY		DATE
		ave issues with is [DSP #1].					
	I	ams at us. Really loud. Can					
		from the office. Can hear her					
		s at everybody. Wants  b. Just loud. Get scared					
		e." Client D stated, "[Client A]					
	(is) sensitive too an	<del>-</del>					
	(18) sensitive too an	a [cheft 1].					
	OIDP and OAM we	ere interviewed on 2/13/24 at					
		nd QAM indicated during the					
		ents A and F they had become					
		s of verbal abuse by DSP #1.					
	_	dicated DSP #1 was already on					
	1 1	ng other/separate allegations.					
		dicated they were not aware of					
		ons of verbal abuse regarding					
	_	interviews with the clients on					
	2/13/24.						
		iewed on 2/13/24 at 12:27 PM.					
		ere present throughout the					
		nt E. During the interview client					
		Heard rumors about a staff that					
		OSP #1]?" Client E stated, "I					
		(was) sometimes a mean					
	1 ~	ed to clarify why she stated					
		P#1, client E stated, "Heck no!					
		put me down. Wanted me to					
		was having a bad day.					
		d a lot of bad days. I try to					
	_	nas mood swings so know					
	when to be quiet an	d know (if) she's okay?"					
	DSP #2 was interes	ewed on 2/13/24 at 12:45 PM.					
		he had worked at the group					
		ar on varied shifts with clients					
		d G. DSP #2 indicated she had					
		ad been told by clients A, B,					
		ey had concerns with DSP #1.					
		as reported to her by the clients					
	D <sub>D1</sub> π <sub>2</sub> stated it wa	is reported to her by the chemis					

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) N	(X2) MULTIPLE CONSTRUCTION			SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 00 COMPLETED			ETED	
		15G157	B. W	/ING		02/20	/2024
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD	1	
NAME OF P	PROVIDER OR SUPPLIER	t .			PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			RSONVILLE, IN 47130		
				1			I
(X4) ID		STATEMENT OF DEFICIENCIE			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENC!)		DATE
		ments like you girls are nastiest					
	_	It hurt their feelings. [Client F]					
		ient F] took it the hardest.					
		used to [DSP #1]." DSP #2 of reported the concerns to					
		and encouraged clients A, B,					
	-	report their concerns directly to					
		ed, "Everyone knows how [DSP					
	*	at she is supposed to do but					
	_	girls feel gross with her					
	comments."	giris reer gross with her					
	comments.						
	DSL (Direct Suppo	rt Lead) was interviewed on					
		. DSL indicated she was the					
		B, C, D, E, F and G's home. DSL					
		een the lead since October					
		d her role as lead included the					
	supervision and trai						
	•						
	DSL indicated she l	nad participated in recent					
	in-services. DSL in	dicated she was retrained on					
	the ANE policy and	I had assisted in training					
	clients A, B, C, D, I	E, F and G's group home staff					
	regarding the ANE	policy. When asked if she had					
	any concerns regard	ling current staff at the home,					
	_	#1] sometimes she can be					
		ern and (clients) don't listen					
		ave reported [DSP #1] had					
	-	L stated, "[DSP #1] doesn't					
		girls. Not seen but the girls					
		I was there and heard [DSP					
	-	were not hers and not her					
	• `	s) looked scared. Sometimes					
		adicated she had not reported					
		SP #1 yelling at clients A, B, C,					
		r supervisor AS (Area					
		ater stated, "feel like when I					
		DP and AS] they don't listen.					
		talk to [DSP #1] about it or					
	address the situation	n. Sometimes (clients) having					

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STATEMEN	IT OF DEFICIENCIES	NCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	LETED	
		15G157	B. W	'ING		02/20/	/2024	
NAME OF T	ADOLUDED OF CURRY TO			STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIER	S.			PACHE DR			
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY		DATE	
	#1] too."	imes she'll, [AS], talk to [DSP						
	and Investigations v 3:19 PM. The revie documentation of all	(Bureau of Disabilities Services) were reviewed on 2/12/24 at w did not indicate llegations of verbal abuse or ents A, B, C, D, E, F and G						
	regarding DSP #1.							
	The agency's POC (	(Plan of Correction)						
	documentation was	provided by AED on 2/12/24						
		OC documents were reviewed						
	upon receipt and inc	cluded the following:						
	clients dated (no da retrain staff at the si disciplinary action of followed. AS (Area Support Lead) will followed. Monitorin program manager, a incidents of possible (Quality Assurance) "Date of Completion	n: January 19, 2024."						
		ated 1/29/24 indicated, "The						
	_	ave reviewed and understand re for: ANE in packet.						
		it? Warning signs. Test.						
		view indicated DSP #2 and						
		In-service and participated in						
	interviewed on 2/14 indicated he provide documentation on 2	ecutive Director) was 1/24 at 12:50 PM. AED ed the facility's POC 1/12/24. AED indicated the uded an in-service training						

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	T OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE ( A. BUILDING B. WING	OO	(X3) DATE SURVEY COMPLETED 02/20/2024
	ROVIDER OR SUPPLIER	TERNATIVES SE IN	3011	ADDRESS, CITY, STATE, ZIP COD APACHE DR ERSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
W 0154 Bldg. 00	policy. AED indicated 1/29/24 and the DSI the staff at the group implementation. AE report allegations on needed she should reconcerns to the QA department. AED impolicy prohibited very gelling and belittling clients.  9-3-2(a)  483.420(d)(3) STAFF TREATMET The facility must halleged violations. Based on record revisampled clients (A, clients (D, E, F and complete an investign vandalism of a dero C, D, E, F and G's harmonic find the same of the s	ave evidence that all are thoroughly investigated. iew and interview for 3 of 3 B and C), plus 4 additional G), the facility failed to gation regarding an incident of gatory nature to clients A, B, ome.  Trance Manager) was /24 at 2:18 PM. QAM indicated cident of eggs being thrown b, E, F and G's home. QAM the eggs broke and some did the eggs that did not break insulting words written on not recall the exact words. agency had recently ember. QAM indicated the e former staff had thrown the	W 0154	The facility must ensure all allegations of mistreatment neglect or abuse, as well as injuries of unknown source, at reported immediately to the administrator or to other officia accordance with State law threstablished procedures.  The Area Supervisor will train all Facility Staff on the BI Reporting Standard.  The Facility will retrain sat the site on the Abuse, Negle and Exploitation Policy and disciplinary action will be give the policy is not followed. Area Supervisor and Direct Suppor Lead will ensure that the Abus Neglect and Exploitation Policifollowed. Monitoring of ANE will all support the policy and the support that the Abus Neglect and Exploitation Policifollowed. Monitoring of ANE will assure that the Abus Neglect and Exploitation policifollowed. Monitoring of ANE will all support the support that the Abus Neglect and Exploitation Policifollowed. Monitoring of ANE will assure that the Abus Neglect and Exploitation Policifollowed. Monitoring of ANE will assure that the Abus Neglect and Exploitation Policifollowed. Monitoring of ANE will assure that the Abus Neglect and Exploitation Policifollowed.	t, re als in ough I DDS taff ect n if a t see, cy is

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Event ID:

QQFQ12 Facility ID: 000693

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X2)		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPLETI	ED
		15G157	B. W	/ING		02/20/20	24
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	t .			PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			RSONVILLE, IN 47130		
	Г		-		T	<u> </u>	
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE C	OMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		(D. )			done by The Program Manage	er,	
	_	(Bureau of Disabilities Services)			Area Supervisor and Direct		
		gations were reviewed on			Support Lead to ensure all		
		. The review indicated the			incidents of possible abuse,		
	following:				neglect and exploitation are		
					reported to the QA departmen		
		ated, "Allegations were			The Program Manager v		
	received of staff yel	lling at [client D]."			ensure the Area Supervisor w		
					retrain staff on the Abuse, Ne	glect	
	And,				and Exploitation Policy and		
					disciplinary action will be give	n if	
		in question was placed on			the policy is not followed.		
	administrative leave	e pending investigation."			Area Supervisor and		
					Program Manager will ensure	that	
	Investigation Sumn	nary Dated 12/7/23 indicated:			the Abuse, Neglect and		
					Exploitation Policy is followed		
	-"An investigation	was initiated when it was			through random monitoring.		
	reported staff [FS ()	Former Staff)] went to Apache			The area supervisor in		
	group home and yel	lled at staff on duty regarding			serviced facility staff on ResC	are	
	a personal issue. It	was also reported [FS] yelled			anonymous compliance line		
	at and called [client	D] stupid."			allowing an additional resourc	e for	
					staff to report outside the		
	-"[Client D] reporte	ed that approximately 2:00 AM			administrative chain, and on		
	on 12/3/23, she and	[DSP (Direct Support			ResCare's non-retaliation and	Zero	
	Professional) #2], w	vere in the living room			Violence policy		
	watching TV. [Clie	nt D] stated the sliding glass			The area supervisor in		
		S] came in the group home.			serviced facility staff on ResC	are	
	[Client D] reported	[FS] began yelling at [DSP #2]			anonymous compliance line		
	regarding a persona	l matter between the two.			allowing an additional resourc	e for	
	[Client D] stated [F	S] then began yelling at her,			staff to report outside the		
	[client D], for not g	iving [FS's] phone number.			administrative chain, and on		
	[Client D] also state	ed [FS] called her, [client D],			ResCare's non-retaliation and	Zero	
	stupid. [Client D] st	tated [DSP #2] asked [FS] to			Violence policy.		
	leave and [FS] left t	the group home. [Client D]			The Administrator held a	a	
	reported [FS] called	her repeatedly wanting her to			team meeting to review "The l	JS	
	give [DSP #2] mess	sages. [Client D] stated [DSP			(United States) Department of		
	#2] told [client D] t	o stop answering her phone.			Justice		
	[Client D] stated sh	e then blocked [FS] so she			website:		
	wouldn't get any me	ore calls. [Client D] stated [DSP			https://www.justice.gov/hatecr	<u>ime</u>	
	#2] had called [AS	(Area Supervisor)] to report			s/learn-about-hate-crimes#Cri		

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE		(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPI	LETED
		15G157	B. W	ING		02/20	/2024
NAME OF F	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD		
					PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the incident and [cl	ient D] and [AS] then texted			to determine course of action		
	each other for a few	hours because [client D] was			involving suspected hate crim	es	
	scared that [FS] wo	uld come back to the group			and future reporting.		
	home. [Client D] st	ated she went into her bedroom			The Area Supervisor wil	l	
	and locked her door	r due to being scared. [Client			conduct 3 random weekly dro	p-in	
	D] stated she is still	scared that [FS] is going to			observations to ensure all AN	E is	
	come back to the gr	oup home and yell at her some			reported and verify staff are fu	ılly	
	more."				aware of the process and repo	orting	
					is done as required.		
	-"[DSP #2] reported	d she was working on 12/3/23			The QIDP will conduct 1		
	and she and [client	D] were in the living room			random weekly drop-in		
	watching TV. [DSF	#2] stated at approximately			observations to ensure all AN	E is	
	2:00 AM, the slidin	g door opened and [FS] came			reported and verify staff are fu	ılly	
	into the group home	e. [DSP #2] stated [FS] began			aware of the process and repo	orting	
	yelling at her. [DSF	2 #2] stated she and [FS] had			is done as required.	Ū	
	personal issues and	[FS] was yelling at her about			Monitoring of Corrective		
	those issues. [DSP]	#2] stated [FS] then began			Action: The Program Manage		
	yelling at [client D]	for not giving [DSP #2] [FS's]			Area Supervisor and Residen		
		[DSP #2 stated [FS] then			Manager will ensure all incide		
	called [client D] stu	ipid. [DSP #2] reported she			of possible abuse, neglect and		
		the group home. [DSP #2]			exploitation are reported to the		
		ed [AS] to report the incident.			department.		
		client D] was crying and			· .		
		stated [client D] told her she			Persons Responsible: AED,		
		was going to come back and			Quality Assurance Manager, (	QΑ	
	yell at her again."				Coordinator/QIDP Manager,		
					Program Manager, Area		
	-"It is substantiated	[FS] went to Apache (group			Supervisor, QIDP, Direct Sup	oort	
		t staff regarding a personal			Lead, and DSP.		
		tiated [FS] yelled at and called			<u> </u>		
	[client D] stupid."	1 17					
	Client E was interv	iewed on 2/13/24 at 12:27 PM.					
		tellectual Disabilities					
		AM (Quality Assurance					
	·	sent throughout the interview					
		t E indicated she remembered					
		r home. Client E stated,					
		that we are r and stuff like					
		peen somebody in the past that					1

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

PRINTED: 03/26/2024 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	ì í	LDING	nstruction 00	(X3) DATE COMPL <b>02/20</b> /	ETED
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	•	3011 AP	DDRESS, CITY, STATE, ZIP COD PACHE DR SONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERNCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
IAG	had a grudge agains (who) it is but don't why they put up the safe." Client E beca (crying, face red, tu stated she "Did not moment" and she we Client E stated, "Fee QIDP was interview QIDP indicated clies symptoms of mentareliable than at her Client A was interved Client A indicated the eggs being thrown is she and client B "we in the front of the hedid not see or known her home. Client A not broken and had A was not able to reall a Intellectual Disability (Quality Assurance throughout the interindicated the egg in BDS (Bureau of Diinvestigated. QAM identify a specific cor derogatory languindicated the agence to address further in Client F was intervented the eggs being thrown a specific to get the specific of the conditions of the same conditions	st us and (I) know exactly t want to say the name. That's e cameras to make sure we are ame demonstratively upset urning towards QIDP). Client E want to remember that vas "upset about the eggs."  Let so scared."  Wed on 2/13/24 at 10:22 AM. Ent E was having some al health and could be less baseline.  Liewed on 2/13/24 at 10:30 AM. Enter had been an incident of at her home. Client A stated toke up and found some eggs" tome. Client A indicated she who had thrown the eggs at indicated some of the eggs had words written on them. Client ecall what the words said. Entire Professional) and QAM Manager) were present review with client A. QAM theident was not reported to sabilities Services) or indicated the facility did not client as the target of the eggs large written on the eggs. QAM by did install a security camera ancidents.  Liewed on 2/13/24 at 11:38 AM. There had been an incident of at her home. Client F stated,		IAU			DATE
	"An egg had not so	nice words on them. Had (sic)					ļ

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Event ID:

QQFQ12 Facility ID: 000693

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  15G157		(X2) MULTIPLE CO A. BUILDING B. WING	instruction 00	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	one of words was r" Client F stated she saw one egg still intact with the word on it and the other eggs were "broken up all over the house up front." Client F indicated she did not recall a specific date. Client F indicated staff were made aware of the eggs. Client F indicated she did not see or know who had thrown the eggs at the home or had written the word on the intact egg. Client F stated, "Believe, some of us think, it was an old staff that got fired. And other people (have) ideas about it being some kids that did it." Client F stated, "[Client E] was really upset about it. Was concerned."  DSP (Direct Support Professional) #2 was interviewed on 2/13/24 at 12:45 PM. DSP #2 indicated she had worked at the group home for over 1 year on varied shifts with clients A, B, C, D, E, F and G. DSP #2 indicated she was not working at the home at the time but was aware of an incident of clients A, B, C, D, E, F and G's home being egged. DSP #2 stated, "When I came in (to work) was told someone had egged the house with hateful words on the eggs. R, wand lazy." DSP #2 stated she did not know who had egged the house and written the derogatory words on the eggs but "one of the old staff called one of the clients ww and assumed it was her."  DSP #2 indicated clients A, B, C, D, E, F and G had seen the eggs. DSP #2 stated clients A, B, C, D, E, F and G's "feelings were hurt. They told me that (it) made them sad and (feel) different."  DSL (Direct Support Lead) was interviewed on 2/13/24 at 1:07 PM. DSL indicated she was the lead for clients A, B, C, D, E, F and G's home. DSL indicated she had been the lead since October 2023. DSL indicated her role as lead included the			

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

Event ID:

 $QQFQ12 \quad \text{Facility ID:} \quad 000693$ 

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIEF	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION ning of staff.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E COMPLETION
	front yard. Girls we eggs. Some (of the some were hard boi wrote on the eggs. I stupid and coke hea C, D, E, F and G "v crying."	come in and saw eggs over the re hysterical because of the eggs) not broken. Believe led." DSL stated, "Someone R Idiots (and) called them ds." DSL stated clients A, B, were very upset and (some were)			
	ate-crimes#Crime v	.gov/hatecrimes/learn-about-h was reviewed on 2/14/24 at 12:30 licated the following:			
	crimes committed of perceived or actual	el, hate crime laws include on the basis of the victim's race, color, religion, national tation, gender, gender identity,			
	committed on the ba	ne laws include crimes asis of race, color, and religion; rrimes committed on the basis n, gender, gender identity, and			
		te crime is often a violent alt, murder, arson, vandalism, t such crimes."			
	example of group o	d a group home was an f people included in hate crime dicated vandalism was a crime me laws.			
		(Bureau of Disabilities Services) were reviewed on 2/12/24 at			

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Event ID:

 $QQFQ12 \quad \text{Facility ID:} \quad 000693$ 

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G157	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 02/20/2024
	PROVIDER OR SUPPLIER	TERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
W 0157 Bldg. 00	language regarding disabilities was reported to law enforce agency's ANE police.  AED (Associate Exinterviewed on 2/14 indicated allegation crime against a clier and to local law enforce was aware of an incompany and derogatory work. AED did not recall the eggs. AED states suspicion of a crime of	e vandalism with derogatory clients A, B, C, D, E, F and G's orted to BDS, investigated or orcement as indicated in the y.  ecutive Director) was /24 at 12:50 PM. AED so of abuse and suspicion of a not should be reported to BDS forcement. AED indicated he ident of the home being egged das being written on the eggs. The specific words written on d, "I do agree it could be be."  ENT OF CLIENTS tion is verified, appropriate must be taken. iew and interview for 3 of 3 B and C), plus 4 additional G), the facility failed to ment effective corrective recurrence regarding staff's tify and report allegations of the entire that a shility to give ocial media and online dating seed to ensure and advocate for	W 0157	The facility must ensure all allegations of mistreatment neglect or abuse, as well as injuries of unknown source, a reported immediately to the administrator or to other official accordance with State law threstablished procedures.  The Area Supervisor will train all Facility Staff on the Breporting Standard.  The Facility will retrain sat the site on the Abuse, Negland Exploitation Policy and disciplinary action will be give	t, re als in ough I DDS staff ect

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QQFQ12 Facility ID: 000693

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03/26/2024 PRINTED: FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 02/20/2024 15G157 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3011 APACHE DR RES CARE COMMUNITY ALTERNATIVES SE IN JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Professional #1] is nice but sometimes [DSP #1] the policy is not followed. Area gets loud. Sometimes she's nice. Not allowed to Supervisor and Direct Support have food or drinks in the van. Feel like she yells Lead will ensure that the Abuse, at [client E]. Feel bad for [client E]. [Client E] gets Neglect and Exploitation Policy is upset." Client A indicated client E had cried after followed. Monitoring of ANE will being yelled at by DSP #1. QIDP (Qualified done by The Program Manager, Intellectual Disabilities Professional) and QAM Area Supervisor and Direct were both present with client A during the Support Lead to ensure all interview. QIDP and QAM indicated they were incidents of possible abuse, not aware of allegations or concerns of verbal neglect and exploitation are abuse regarding DSP #1. reported to the QA department. The Program Manager will Client D was interviewed on 2/13/24 at 12:03 PM. ensure the Area Supervisor will When asked how her staff treated her, client D retrain staff on the Abuse, Neglect stated, "Only one have issues with is [DSP #1]. and Exploitation Policy and She constantly screams at us. Really loud. Can disciplinary action will be given if hear her all the way from the office. Can hear her the policy is not followed. downstairs. Screams at everybody. Wants Area Supervisor and everybody to get up. Just loud. Get scared Program Manager will ensure that (yelling) triggers me." Client D stated, "[Client A] the Abuse, Neglect and (is) sensitive too and [client F]." Exploitation Policy is followed through random monitoring. QIDP and QAM were interviewed on 2/13/24 at The area supervisor in 12:17 PM. QIDP and QAM indicated during the serviced facility staff on ResCare interviews with clients A and F they had become anonymous compliance line aware of allegations of verbal abuse by DSP #1. allowing an additional resource for QAM and QIDP indicated DSP #1 was already on staff to report outside the suspension regarding other/separate allegations. administrative chain, and on QAM and QIDP indicated they were not aware of ResCare's non-retaliation and Zero concerns or allegations of verbal abuse regarding Violence policy DSP #1 prior to the interviews with the clients on The area supervisor in 2/13/24. serviced facility staff on ResCare anonymous compliance line Client E was interviewed on 2/13/24 at 12:27 PM. allowing an additional resource for QIDP and QAM were present throughout the staff to report outside the

interview with client E. During the interview client

E stated to QIDP, "Heard rumors about a staff that

got fired or quit? [DSP #1]?" Client E stated, "I

don't miss her. She (was) sometimes a mean

person." When asked to clarify why she stated

Violence policy.

administrative chain, and on

ResCare's non-retaliation and Zero

The Area Supervisor will

conduct 3 random weekly drop-in

STATEMENT OF DEFICIENCIES X1) PROVIDER/S		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		15G157	B. W	ING		02/20/	/2024
				CENTER	A DDDDGG CHTU CTATE THE COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			ADDRESS, CITY, STATE, ZIP COD		
DEC CAI		LTERNATIVES SE IN			PACHE DR RSONVILLE, IN 47130		
KES CAI	RE COMMUNITY A	LIERNATIVES SE IN		JEFFER	RSONVILLE, IN 47 130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		P#1, client E stated, "Heck no!			observations to ensure all AN		
		o put me down. Wanted me to			reported and verify staff are fu	•	
	stay quiet when she was having a bad day.				aware of the process and repo	orting	
	Wanted me- she had a lot of bad days. I try to				is done as required.		
	-	nas mood swings so know			The QIDP will conduct 1		
	when to be quiet an	d know (if) she's okay?"			random weekly drop-in		
	DCD //2				observations to ensure all AN		
	DSP #2 was interviewed on 2/13/24 at 12:45 PM.				reported and verify staff are fu	•	
	DSP #2 indicated she had worked at the group				aware of the process and repo	orting	
	home for over 1 year on varied shifts with clients				is done as required.		
		d G. DSP #2 indicated she had			The QIDP set up training	g for	
		ad been told by clients A, B,			sexual education, and online		
		ey had concerns with DSP #1.			safety and develop an assess		
		as reported to her by the clients			for online safety for clients in	ine	
		nments like you girls are nastiest			facility.		
	-	It hurt their feelings. [Client F]			Monitoring of Corrective		
		ient F] took it the hardest.			Action: The Program Manage		
		used to [DSP #1]." DSP #2 ot reported the concerns to			Area Supervisor and Residen		
		nad encouraged clients A, B,			Manager will ensure all incide		
	-	report their concerns directly to			of possible abuse, neglect and		
		ed, "Everyone knows how [DSP			exploitation are reported to the department.	e QA	
		at she is supposed to do but			department.		
	_	girls feel gross with her			Persons Responsible: AED,		
	comments."	giris feet gross with her			Quality Assurance Manager,	Ω	
					Coordinator/QIDP Manager,	<b>σ</b> , τ	
	DSL (Direct Suppo	ort Lead) was interviewed on			Program Manager, Area		
		. DSL indicated she was the			Supervisor, QIDP, Direct Sup	port	
		B, C, D, E, F and G's home. DSL			Lead, and DSP.	,	
		een the lead since October					
	2023. DSL indicate	ed her role as lead included the					
	supervision and trai	ining of staff.					
	_						
	DSL indicated she had participated in recent						
	in-services. DSL indicated she was retrained on						
	the ANE policy and had assisted in training						
	clients A, B, C, D, E, F and G's group home staff						
	regarding the ANE	policy. When asked if she had					
	any concerns regard	ding current staff at the home,					
	DSL stated, "[DSP	#1] sometimes she can be					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COMPI	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIE	R LTERNATIVES SE IN		3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	_	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	BROWERENG BY AN OF CORRECTION	·	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	KIATE	DATE
	aggressive. Very st	ern and (clients) don't listen					
	when stern. Some have reported [DSP #1] had						
	yelled at them." DS	SL stated, "[DSP #1] doesn't					
	work well with the	girls. Not seen but the girls					
	have told me. Once	e I was there and heard [DSP					
	#1] state the dishes	were not hers and not her					
	house. They (client	s) looked scared. Sometimes					
	teary eyed." DSL is	ndicated she had not reported					
	the allegations of I	OSP #1 yelling at clients A, B, C,					
		er supervisor AS (Area					
		ater stated, "feel like when I					
		[DP and AS] they don't listen.					
		o talk to [DSP #1] about it or					
		n. Sometimes (clients) having					
		times she'll, [AS], talk to [DSP					
	#1] too."						
	The facility's BDS	(Bureau of Disabilities Services)					
	_	were reviewed on 2/12/24 at					
	3:19 PM. The revie						
		illegations of verbal abuse or					
		ents A, B, C, D, E, F and G					
	regarding DSP #1.	, , , , ,					
	The agency's POC	(Plan of Correction)					
	documentation was	provided by AED on 2/12/24					
		OC documents were reviewed					
	upon receipt and in	cluded the following:					
	-POC document to	garding staff treatment of					
		ate) indicated, "The facility will					
	· ·	site on the ANE policy and					
		will be given if the policy is not					
		a Supervisor) and DSL (Direct					
	,	ensure that the ANE policy is					
		ng of ANE will (be) done by the					
		AS and DSL to ensure all					
		le ANE are reported to the QA					
	(Quality Assurance	-					
		on: January 19, 2024."					
	1 Date of Completion	711. Julium y 17, 2027.	1		I		1

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Event ID:

QQFQ12 Facility ID: 000693

If continuation sheet

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PRINTED: 03/26/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2024			
	PROVIDER OR SUPPLIEF	LTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL A LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.ΤΕ	(X5) COMPLETION DATE		
	staff undersigned had the proper procedur Reporting. What is Signatures." The red DSL had signed the 1/29/24 training								
	AED (Associate Executive Director) was interviewed on 2/14/24 at 12:50 PM. AED indicated he provided the facility's POC documentation on 2/12/24. AED indicated the documentation included an in-service training completed on 1/29/24 regarding the facility's ANE policy. AED indicated the AS completed the 1/29/24 and the DSL would assist in supervising the staff at the group home with the ANE policy implementation. AED indicated the DSL would report allegations or concerns to the AS, or if needed she should report her allegations or concerns to the QA (Quality Assurance) department. AED indicated the facility's ANE policy prohibited verbal abuse and included yelling and belittling language by staff towards clients.								
	AM. QIDP (Qualifi Professional) and Q	erviewed on 2/13/24 at 10:30 ed Intellectual Disabilities AM (Quality Assurance sent throughout the interview							
		she did not have a guardian. ner parents live out of state and often.							
	a person she met on	here had been an incident with dine. Client A did not recall a t A indicated she had been							

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 $QQFQ12 \quad \text{Facility ID:} \quad 000693$ 

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 02/20/2024		
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	or at her home. Clie thing. Didn't go too came to the group h I let the staff know which he shouldn't come outside at the not recall the specific the incident. Client to go for a walk and walk." QIDP interje "Wanted to smooth wasn't about getting there. They were in have been out there leave and they didn intercourse with the regretted the incident. Client A indicated spast couple of mont exact timeframe. Client A indicated spast couple of mont exact timeframe. Client age with her net "He keeps repeating need to get out of the to move to Arka QIDP interjected and pictures or anything [previous staff] wor on not sharing infor indicated on 2/12/14 home with client A information she was indicated client A's online and they chat to private.	and had not met him in person ent A stated, "It was a dating well." Client A stated, "He some which he shouldn't have. and he came into the house have. I think staff should have time and talked." Client A did ic staff working at the time of A stated, "We were supposed if he didn't want to go for a ceted at this point and stated, instead." Client A stated, "It is to know me. Staff wasn't out the house. I think they should and said 'No' and told him to 't." Client A indicated man was consensual but int.  She had a new boyfriend for the class but did not specify an lient A indicated she met her inline and he had not come to m in person. When asked if she is we boyfriend, client A stated, ghimself, keeps saying you here." Client A stated, "Wants insas. Said he cares about me." and stated, "He's not asked for g." QIDP stated, "When is she was at the group she asked her about the sharing online. QIDP personal information was niged her social media settings						

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
	room. QIDP and Qareport to BDS or an incident. QIDP and met the guy, she has she had completed at the incident. QIDP had not made allegated situation afterwards according to client anow. Not that she districted blocked her the next.  Client A's advocate 9:22 AM. Client A's was in the process of home and into a sm advocate stated, "Not conduct themselves persuaded very easi."  Client A's advocate multiple dating well online. Client A's accompany is there to Client A's advocate of a guardian and the obtain legal counsel Client A's advocate see what information her public pages. Client A's advocate see what information her public pages. Client A's advocate see what information her public pages. Client A's advocate see what information what is where she lives and herself and (other) of indicated client A we Client A's advocate indicated client A we Client A's ad	AM indicated there was not a investigation regarding the QAM indicated the staff had d alone time in her plan and sex education training prior to and QAM indicated client A ations but regretted the . QIDP and QAM stated A's statements, "she regrets it idn't at the time want to. He t day. She was sad and hurt."  was interviewed on 2/16/24 at a sadvocate indicated client A of moving out of the group aller setting. Client A's of happy with how groups among peers. [Client A] (was) lly."  indicated she was on a sestes and had met someone dvocate indicated the man and they went outside and had A's advocate stated, "That help guide in situations." indicated client A was in need levy had been attempting to to get guardianship of her. indicated they went online to an client A had been sharing on lient A's advocate stated, "Inline found that she had set up. All incorrect the is doing (they) can find out (it's) dangerous not (only) for clients." Client A's advocate vas at risk for exploitation.			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00		COMPLI	ETED
		15G157	B. WING			02/20/2	2024
		<u> </u>	STRE	ET ADDRESS, CITY	STATE ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	₹		APACHE DR	, 511112, 211 002		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		ERSONVILLE,	IN 47130		
	ı					1	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVID	ER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFER	ECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG		DEFICIENCE		DATE
		erstands and she doesn't."					
		indicated client A needed					
		t to assist her with online ent A's advocate indicated they					
		rson in Arkansas who was					
	_	ient A to come to Arkansas.					
		indicated he had researched					
		ned the person was not being					
	_	lf. Client A's advocate stated					
		ething from her." Client A's					
		client A had not reported any					
		egarding the sexual intercourse					
	_	advocate indicated client A					
	had expressed pain	in her vaginal area after					
	having sex with sor	ne bleeding but did not express					
	emotional issues fro	om the incident.					
		ere interviewed on 2/15/24 at					
		licated she had completed client					
	·	omprehensive Functional					
	Assessment) after h	ner incident in April 2023.					
	OIDP indicated after	er the incident client A was					
	`	g her interest in having sexual					
		ating. QIDP indicated client A					
	_	ested in those relationships					
	but had developed i	interest again after the 5/2/23					
		"She got her questions					
	answered through e	experience. Thought someone					
	would be loving to	wards her. She now knows she					
	wants to be in love	before having sex again."					
	`	ent A's sexual incident was not					
	positive.						
	`	ent A's CFA included a human					
		nt. QIDP indicated client A's					
		I not include an assessment of					
		utilize social media, online					
	dating or ability to	provide informed consent.					
	DSP #2 was intervi	ewed on 2/13/24 at 12:45 PM.					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 02/20/2024		
NAME OF F	PROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COD PACHE DR	)	
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX	,	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE ROPRIATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY		DATE
		person had come to the house client A they had consensual				
		red client A could have been				
		ng the incident as it was her				
		tated, "She could have got				
	talked into it. Later	on we found out some stuff				
	about the guy. He w	vas bad. Met on [social media]				
	_	DSP #2 indicated all of the				
		participate in social media and				
	•	#2 indicated the staff coach				
		l information but there were				
	no formal trainings	or objectives.				
	DSL was interview	ed on 2/13/24 at 1:07 PM. DSL				
	indicated she was n	ot working at the home at the				
		nline dating incident. DSL				
		eard about the incident and				
		legations. DSL indicated client				
		not giving out personal				
		re were no formal goals or				
		to teach her social media or DSL indicated client A was				
	-	o know people she met online				
		meeting. DSL indicated client				
		arding scammers. DSL stated,				
		trying to scam her. Tells [client				
		to be his girlfriend she would				
		) for a boyfriend certificate to				
	get access to the mi	litary base he is stationed at."				
	Client A's record w	as reviewed on 2/13/24 at 2:23				
		y shift notes dated 2/13/23				
	~	licated the following:				
	-3/18/23: talking to					
	-3/19/23: broke up					
		ng herself since lost her				
	virginity."	N				
	-3/29/23: "Talking therself."	to multiple men. Not acting				
		date with boyfriend."				
	1/20/25. Wellt Off	ance with objiniona.	1			

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	COM	(X3) DATE SURVEY COMPLETED 02/20/2024	
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COI PACHE DR RSONVILLE, IN 47130	)	
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	4/20/22 indicated th	-				
	parent's home. She understands the imp needs to be reminde to complete ADL (a	into placement from her had good mobility and portance of good hygiene but ed. She needs verbal prompts activities of daily living) skills. The community in the past but mmunity job."				
	that she have super- community activitie for health and safet	iplinary team) recommends vision while participating in es due to her current diagnosis y issues. [Client A] requires eisure time activities."				
	"Peer interactions c can be bullied easily	an be sometimes difficult. She y."				
	building and ground can have 4 hours al- This will be as requ alone time should n	restricted to the areas of the ds supervised by staff. Client one time (unsupervised) daily. ested by the client. At home ot occur after 8 PM. Individual during activities within the				
	Client A's IDT (Into 3/20/23 indicated the	erdisciplinary Team) note dated ne following:				
	A] had been talking came to the home a the driveway with h intercourse as repor was embarrassed to was not hurt and w	vare of an incident where [client to a man on the Internet. He and [client A] hung outside in the im. They had sexual ted by [client A]. [Client A] tell staff but stated that she as wanting to have sex. [Client She was on the property. She				

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	AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  15G157		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY  COMPLETED  02/20/2024	
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	3011 A	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE COMPLETION	
	the activity as stated and [client A] admi protection. An appo (Primary Care Phys blood tests and chechappened she had be to know what it was was not what she the said she doesn't ward discussed about the could have been darn on social media and no concerns."  The review indicate being able to give in assessed regarding online dating skills be at risk for exploic Client A was not reincrease her social, support her independing and QAM incertain the provided that the provided Hamiltonian in the provided	h [agency]. She consented to d. [Nurse] spoke to [client A] tted that they did not use bintment was made with PCP ician)/Gynecologist to have exh her. She said when this een a virgin and just wanted is like. [Client A] indicated it ought it should be like. She at to do (it) again. We need for being careful. He negerous. [QIDP] had looked the sex offender registry with ad client A was not assessed as informed consent, was not her Internet, social media or for her safety and continued to tation after the 3/20/23 incident. In the ceiving training or supports to dating or online skills to dence or health and safety.  It dicated client A was lone time and had received the staff appropriately at the time of the incident.				
W 0223	483.440(c)(3)(v) INDIVIDUAL PRO					
Bldg. 00	must include social Based on record revisampled clients (A) client A's skills and	ve functional assessment al development. view and interview for 1 of 3 , the facility failed to assess abilities for the use of social e dating to determine her level	W 0223	The Facility will ensu	03/17/2024 re the	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER	ľ	JILDING	00	COMPLETED	
MIDILAN	or conduction	15G157	B. W		<u>55</u>	02/20/	
		100107	D. W	_		02/20/	
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD		
					PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFE	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE.	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	of independence an	d risk for health, safety and			comprehensive functional		
	welfare.				assessment includes social		
					development, skills and abilitie	es	
	Finding includes:				for the use of social media and	d/or	
					online dating to determine clie	nts	
		iew (CI #1) was asked about			independence and risk for hea	alth,	
	* *	nd services. CI #1 stated,			safety and welfare.		
		nding, they had a house			The QIDP will develop		
	-	longer there. She was			Comprehensive Functional		
	,	lients) to make online dating			Assessments to include asse		
	*	(A) began talking with him			skills and abilities for protectin	ıg	
		e) and he came to the home.			identity and/or personal		
		going for a walk, and she			information while using social		
	-	and she was, I don't know if			media, assess skills and abilit	ies	
	· ·	raped) word". CI #1 was			for decision making, manipula	tion,	
		A's abilities to make decisions			and/or exploitation while		
	-	CI #1 stated, "I don't know if		interacting through social media to			
		isions on an adult level. I think			ensure health, safety and welf		
	she could be easily	manipulated".			The QIPD contracted Ka	athy	
					Baldwin a certified Sexuality		
		iew (CI #2) was asked about			Educator with the American		
		nd services. CI #2 stated,			Association of Sexuality		
		nings that have happened".			Educators, Counselors and		
	_	rd to client A "is easily			Therapists MSW, CSE, CC to		
	-	2 indicated client A had used			provide training for clients in the	ne	
		online dating service and			facility.		
		she was on a dating service			If recommendation are n	nade	
	-	e house and they had sex in			ISP will be updated based on		
		cated there were concerns in			recommendations of the ISP.		
	-	apports to ensure client A's			The QIDP will retrain sta		
	•	sked if client A required staff			the Facility on updated plans a	are	
		ning to ensure her safety. CI			necessary.		
		solutely". CI #2 indicated client			Monitoring of Corrective		
	-	erience with a different online			Action: The Program Manager		
	-	ated, "he wanted [client A] to			Area Supervisor and Resident		
	move".				Manager will ensure all incide		
	0.0/14/04 : 11.11	) ANG C 1			of possible abuse, neglect and		
		AM, a focused review of client			exploitation are reported to the	e QA	
	A's record was cond the following:	ducted. The review indicated			department.		
	me following:		- 1		1		I

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPLI	ETED
		15G157	B. W	ING		02/20/2	2024
				CTREET	ADDRESS CITY STATE ZID COD	<u> </u>	
NAME OF P	PROVIDER OR SUPPLIER	1			ADDRESS, CITY, STATE, ZIP COD		
DEC CAE		TEDNIATIVES OF IN			PACHE DR		
RES CAP	RE COMMUNITY A	LTERNATIVES SE IN		JEFFER	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
					Persons Responsible: AED,		
	-Individual Support	Plan (ISP) dated 10/14/23			Quality Assurance Manager, (	QA	
	indicated, "Challeng	ging Behaviors: Peer			Coordinator/QIDP Manager,		
	interactions can be	sometimes difficult. She can be			Program Manager, Area		
	bullied easily				Supervisor, QIDP, Direct Supp	port	
					Lead, and DSP.		
	Priority Objectives:	Safety and communication					
	skills (no written go	oal was indicated in the ISP)					
	_	d: Freedom of Movement,					
		e right will be modified:					
	· ·	) will be restricted to the areas					
	_	grounds supervised by staff.					
		ours alone time (unsupervised)					
		as requested by the client. At					
		ould not occur after 8pm.					
		upervised during activities					
		ity. Client can have 2 hours					
		vised) in the community					
	daily".						
		eam Meeting (IDT) dated					
		Purpose of Meeting: Recent					
	_	Minutes: QIDP (Qualified					
		ties Professional) became					
		here [client A] and been					
		the internet. He came to the					
		] hung outside in the driveway					
	1	sexual intercourse as reported					
		nt A] was embarrassed to tell					
		she was not hurt and was					
	_	x. [Client A] has alone time.					
		perty. She had sex therapy					
	_	ss]. She consented to the					
	'	Nurse] spoke to [client A] and					
		that they did not use					
		(appointment) was made with					
		care physician/gynecologist)					
		pregnancy) and check her. She					
	(client A) said when	n this happened, she had been					

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	PROVIDER OR SUPPLIER	LTERNATIVES SE IN	•	3011 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	AIL .	DATE
	a virgin and just wa	nted to know what it was like.					
	[Client A] indicated	l it was not what she thought it					
	should be like. She	said she does not want to do it					
	again. We discussed	d about (sic) the need for					
	being careful. He co	ould have been dangerous.					
	QIDP had looked or	n [social media name] and the					
		y with no concerns".					
	On 2/14/24 at 1:53	PM, the Qualified Intellectual					
	Disabilities Profess	ional (QIDP) and Quality					
	Assurance Manager	(QAM) were interviewed.					
	The QIDP and QAN	M were asked about client A's					
	in-person interaction	n with an online acquaintance					
	who came to her ho	me to visit. The QIDP and					
		ent A's online visitor had come					
	to the home to meet	client A, this was their first					
	meeting in-person a	and was around 7 PM to 8 PM					
	in the evening. The	QIDP was asked if the client,					
	staff and/or any oth	er provider contacts had met					
	with this online acq	uaintance prior to client A					
	being left alone with	h him when he came to visit.					
	The QIDP indicated	this was the first-time client A					
	and any staff memb	er had met with her online					
	acquaintance.						
		M were asked what the planned					
		tial meeting together in-person					
	* *	. The QIDP and QAM					
		ad intended to have sex with					
		n emancipated adult and had					
		ough sex education courses.					
	*	I the initial interaction with the					
	-	was he came to the entryway					
		with the staff about going on a					
		visitor declined going on a					
		ited outside in the back					
	courtyard behind th	e home near the driveway.					
	The QIDP indicated	l staff went outside with client					
	A and her visitor in	itially in the courtyard but left					
	them to provide private	vacy for their visit. The QIDP					

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100107				_	DDBECC CITY CTATE ZID COD	02,20,	
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD PACHE DR		
RES CAI	RE COMMUNITY A	ALTERNATIVES SE IN			RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION d this turned into an incident of		TAG	DEFICIENCE		DATE
	-	xual intercourse with the visitor					
	1	e home. The QIDP indicated					
		embarrassed, wished it had not					
		d, "It was not what she thought					
	it would be".						
	The OIDD 1 O 4	M wone calcad about					
		M were asked about eting an online acquaintance for					
	_	er health, safety and welfare.					
		'Ideally, I would want someone					
		eet her and the staff and have					
	dinner or something like that". The QAM stated,						
	_	e on how to meet for the first					
	_	ts versus their safety when it					
	comes to that kind	of thing".					
	On 2/15/24 at 1:52	PM, a focused review of client					
		iducted. The review indicated					
	the following:						
	-Comprehensive F	unctional Assessment (CFA)					
	dated 5/2/23 did no	ot indicate questions to assess					
		of client A for the use of social					
		CFA did not indicate questions					
		abilities for protecting her					
		sonal information while using					
		nt A's CFA did not indicate					
	_	skills and abilities for nanipulation, and/or exploitation					
	_	hrough social media to ensure					
	health, safety and	<del>-</del>					
	,						
	-No informed cons	ent was available for review.					
		PM, the QIDP and QAM were					
		QIDP was asked about her level					
		ent A's use of social media to					
		online acquaintance with a plan					
to meet in person and if staff had communicated							

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PRINTED: 03/26/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G157		UILDING	00	COMPL 02/20/	ETED	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			3011 AF	NDDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	arrived at the home got a text later in the after it happened". Client A began usin stated, "She came in from [city]. I know confirmed she had had [social media in the client's social media. The QIDP stated, "I dating. I know she account]. I don't know told me". The QIDP dating. I asked about did you lie? She sait talking for 3 days, indicated an interdiction concerning client A and/or online dating meeting her online QIDP was asked if questioning to assess for the use of social health, safety and wishe did not believe assessing a person's of social media. The further review of client A's skills and QAM provided further the safety and wishe did not provided further social client A's skills and QAM provided further social safety.	when the online acquaintance  The QIDP stated, "I think I e night. I did not know until The QIDP was asked when g social media. The QIDP n (admission) with a boyfriend online dating, her parents not done online dating. She ame]". The QIDP was asked if edia account was how client A developed a relationship with ance that came to the home. I don't know if it was online friended him on [social media ow other than what [client A] I was asked what client A had stated, "She said it was online at what she put on her page, d no. I don't know if they were lo days or 1 day". The QIDP sciplinary team meeting 's interest with social media g had not occurred prior to acquaintance at the home. The client A's CFA included ss client A's skills and abilities media and protecting her relfare. The QIDP indicated the assessment tool included s skills and abilities for the use the QIDP and QAM indicated ient A's CFA was required to media was an area assessed for abilities. At 2:43 PM, the ther follow up and stated, "The t have social media".				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	JILDING	COMPLETED			
15G157		B. WING 02/20/2024					
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD  3011 APACHE DR  JEFFERSONVILLE, IN 47130				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
	483.440(c)(6)(i) INDIVIDUAL PRO The individual proper relevant intervention toward independed Based on record revesampled clients (A), strategies for the improgram plan for the movement and the upromote her health, using social media a acquaintances.  Findings include:  Confidential Intervictient A's support and "From my understand manager who is not convincing them (client A's support and in the profiles. She (client (online acquaintance) acquaintance to the ended up in his care a assaulted or the R (nasked about client A's and protect herself, she could make decess the could be easily and confidential Intervictient A's support and "There have been the CI #2 stated in regard."	GRAM PLAN gram plan must describe ons to support the individual ence. riew and interviews for 1 of 3 , the facility failed to develop plementation of client A's e restricted area of freedom of use of her alone time to safety, and welfare while and/or interactions with online  ew (CI #1) was asked about nd services. CI #1 stated, nding, they had a house longer there. She was lients) to make online dating A) began talking with him e) and he came to the home. going for a walk, and she and she was, I don't know if raped) word". CI #1 was A's abilities to make decisions CI #1 stated, "I don't know if isions on an adult level. I think	W		The Facility will ensure to individual program plan descripted individual program plan descripted individual program plan descripted individual toward independence.  The QIDP will develop Comprehensive Functional Assessments to include assess skills and abilities for protecting identity and/or personal information while using social media, assess skills and abilities for decision making, manipula and/or exploitation while interacting through social media, assess skills and welf and/or exploitation while interacting through social media, assess skills and abilities for decision making, manipula and/or exploitation while interacting through social media, assess skills and abilities for decision making, manipula and/or exploitation while interacting through social median ensure health, safety and welf The QIPD contracted Kassaldwin a certified Sexuality Educator with the American Association of Sexuality Educators, Counselors and Therapists MSW, CSE, CC to provide training for clients in the facility.  If recommendation are in ISP will be updated based on recommendations of the ISP to address restricted area of free of movement and the use of halone time to promote her heal safety, and welfare while using the provided training for while using the provided training for clients in the facility.	he dibes ort 03/17/2024 dibes ort 03/17/2024 dibes ort dibes	
	social media and an online dating service and stated, "Apparently she was on a dating service				social media and/or interaction with online acquaintances. The QIDP will retrain sta	ns	
	_	a person came to the house and they had sex in his car". CI #2 indicated there were concerns in			the Facility on updated plans a		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		r í	JILDING	onstruction  00	COMP	E SURVEY PLETED 0/2024	
NAME OF I	PROVIDER OR SUPPLIER		•		ADDRESS, CITY, STATE, ZIP COD	<u>-</u>	
RES CA	RE COMMUNITY A	LTERNATIVES SE IN			RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	) BE	(X5) COMPLETION DATE
	safety. CI #2 was as assistance with train #2 stated, "Yes, abs A had a second exp acquaintance and st move".	sked if client A required staff ning to ensure her safety. CI olutely". CI #2 indicated client erience with a different online ated, "he wanted [client A] to			necessary.  Monitoring of Correct Action: The Program Mana Area Supervisor and Resid Manager will ensure all inco of possible abuse, neglect exploitation are reported to department.	ager, dential idents and	
	A record was condu following: -Individual Support	Plan (ISP) dated 10/14/23 Client A]. Date of Birth: [age			Persons Responsible: AEI Quality Assurance Manage Coordinator/QIDP Manage Program Manager, Area Supervisor, QIDP, Direct Stead, and DSP.	er, QA er,	
	placement from her mobility and unders hygiene but needs r	Client A] moved into parent's home. She has good stands the importance of good eminded. She needs verbal e ADL (adult daily living)					
	recommends that she participating in community current diagnosis for [Client A] requires activities. The interest the comprehensive that at this time, due training required an skills to other environments.	the interdisciplinary team the have supervision while the amount activities, due to her the health and safety issues. The some structure for leisure time disciplinary team has reviewed the assessments and determined the to the level of needs and the inability to transfer some tonments or settings is in need the nent and active treatment					
		fors: Peer interactions can be . She can be bullied easily					
	Priority Objectives	Safety and communication	1				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 02/20/2024	
NAME OF P	PROVIDER OR SUPPLIER	- -		ADDRESS, CITY, STATE, ZIP COD	-
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		APACHE DR RSONVILLE, IN 47130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	PRIATE
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	skills (no written go	oal indicated in the ISP)			
	Right to be modifie Manner in which th Individual (client A of the building and Client can have 4 he daily. This will be a home alone time sh Individual will be swithin the commun alone time (unsuper daily".  -Interdisciplinary T 3/20/23 indicated, "Incident. Meeting M Intellectual Disabili aware of incident w talking to a man on house and [client A with him. They had by [client A]. [Clier staff, but stated that	d: Freedom of Movement, e right will be modified:  ) will be restricted to the areas grounds supervised by staff. ours alone time (unsupervised) as requested by the client. At ould not occur after 8pm. upervised during activities ity. Client can have 2 hours rvised) in the community  eam Meeting (IDT) dated Purpose of Meeting: Recent Minutes: QIDP (Qualified ties Professional) became there [client A] and been the internet. He came to the ] hung outside in the driveway sexual intercourse as reported at A] was embarrassed to tell a she was not hurt and was at [Client A] has alone time.			
	_	perty. She had sex therapy			
	=	ess]. She consented to the			
		Nurse] spoke to [client A] and			
		that they did not use			
	*	(appointment) was made with			
		care physician/gynecologist) nd check her. She (client A)			
		ened she had been a virgin			
		know what it was like. [Client			
	-	not what she thought it should			
	_	e does not want to do it again.			
		t (sic) the need for being			
		ave been dangerous. QIDP had			
		edia name] and the sex			
	offender registry wi				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  15G157			l í	UILDING	nstruction <u>00</u>	(X3) DATE COMPI 02/20	LETED
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
					PACHE DR		
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN		JEFFER	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP	RIATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCE		DATE
TAG	On 2/14/24 at 1:53 Disabilities Profess Assurance Manager The QIDP and QAI in-person interactio who came to her he QAM indicated clie to the home to mee meeting in-person a in the evening. The staff and/or any oth with this online acc client A alone with QIDP indicated this any staff member h acquaintance who h QIDP and QAM we activity for their ini was. The QIDP and intended to have se emancipated adult a through sex educati indicated the initial acquaintance was h with the staff about visitor did not want visited outside in the home and near the staff went outside v initially to the cour privacy for their vis indicated this turne having sexual inter- outside the home. T	PM, the Qualified Intellectual cional (QIDP) and Quality r (QAM) were interviewed. M were asked about client A's on with an online acquaintance ome to visit. The QIDP and ent A's online visitor had come to client A, this was their first and was around 7 PM to 8 PM. QIDP was asked if the client, are provider contacts had met quaintance prior to leaving him when he came to visit. The swas the first-time client A and and met with her online and come to visit with her. The ere asked what the planned itial meeting together in-person and QAM indicated client A had ax with him, that she was an and had previously gone ion courses. The QIDP interaction with the online are came to the entryway, talked a going on a walk, but client A's at to go on this walk so the two are back courtyard behind the driveway. The QIDP indicated with client A and her visitor tyard but left them to provide sit. The QIDP and QAM do into an incident of client A course with the visitor while The QIDP indicated client A end and wished it had not		TAG	DEFICIENCY)		DATE
		, "It was not what she thought					
		QIDP and QAM were asked					
		of meeting an online					
	acquaintance for the	e first time and being isolated					

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i '		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV					
			A. BUILDING 00 COMPLETED				
15G157			B. W	ING		02/20	/2024
NAME OF D	PROVIDER OR SUPPLIER	•	•	STREET A	ADDRESS, CITY, STATE, ZIP COD	_	
					PACHE DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
		inipulation. The QIDP stated,					
		ant someone to come over to					
		aff and have dinner or					
	_	'. The QAM stated, "We don't meet for the first time and their					
	1						
		afety when it comes to that					
	kind of thing".						
	The QIDP was aske	ed about the IDT note from					
	3/20/23 indicating a	a dangerous situation and in					
	what way was it dan	ngerous for client A to be left					
	alone with this onlin	ne acquaintance for their initial					
	meeting in person. The QIDP stated, "It was						
	potentially dangero	us if the person she brought					
	to the home was a s	ex offender. Even if not, with					
	anyone". The QIDP	was asked why client A had					
	been sent for medic	al follow up. The QIDP stated,					
	"Because of the situ	nation. She (Nurse) wanted to					
		nt A) had been tested for std's					
		ed diseases), that she had not					
	been hurt and the re						
		e sure she was ok". The QIDP					
		ent A's program plans being					
	_	ted to protect her health,					
		The QIDP stated, "In regard to					
		ng has changed in her plans or					
		lked about people on the					
		about information on [social					
	media account] and	-					
		ok it off. I've offered more sex					
		ned. I don't think it could be a					
		cheartedly indicated she has					
		t". The QIDP was asked at the					
		, was the implementation of					
	_	ng her health, safety and					
		stated, "She has maintained it					
		pes not go anywhere. She goes					
		parents. If she goes anywhere					
	1	where she is going". The QIDP					
	was asked to confir	m client A's program plan for					1

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AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  15G157			(X2) MULTIPI A. BUILDIN B. WING		onstruction 00	(X3) DATE COMPL <b>02/20</b> /	ETED
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			301	1 AF	ADDRESS, CITY, STATE, ZIP COD PACHE DR RSONVILLE, IN 47130		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE	ID PREFI	v	PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	*	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	promoting her health concerning implement been revised comedia for the devel meeting online acquinos, she does not her plan), just an ISP."  On 2/15/24 at 1:52 A's record was concelient A's Comprehence (CFA) 5/2/23 did near skills and abilities.  No informed consecution of the skills and abilities. The indicated restricted movement section a supervision while in grounds. Client A's indicated 4 hours of could be requested. This restriction was a precaution to ensure and welfare. Client difficulties with peed be bullied and requiliving skills. Through described as a person support and assistant states.				DEFICIENCY)	TE TO THE TENT OF	
		client A's alone time, social ow interactions with online					
		d promote and ensure her					
	health, safety, and v	-					
	9-3-4(a)						

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/26/2024 FORM APPROVED OMB NO. 0938-039

STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUII	LDING	00	COMPLETED		
		15G157	B. WIN	B. WING			02/20/2024	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD  3011 APACHE DR  JEFFERSONVILLE, IN 47130				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	TF	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
W 9999								
Bldg. 00			W 99	999			03/17/2024	

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