

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: 10/3/23, 10/4/23, 10/5/23, 10/6/23, 10/10/23, 10/11/23 and 10/12/23.</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/30/23.</p>	W 0000		
W 0111 Bldg. 00	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to access and produce measurable goal data for clients #1, #2 and #3 upon request.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/4/23 at 11:55 AM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following goals: "Domestic Skills- [Client #1] would like to participate in the maintenance of a clean safe environment in which to live, [Client #1] would like to improve his personal independence by being able to complete his daily hygiene routine, [Client #1] would like to</p>	W 0111	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 111 CLIENT RECORDS CFR(s): 483.410(c)(1)</p>	11/17/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	11/10/2023

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

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	<p>increase his independence by being able to manage his money, [Client #1] wants to increase his independence by working toward self-administration of medication skills, [Client #1] would like to learn positive coping skills to increase his ability to manage behaviors so that he may increase his overall independence and [Client #1] wants to increase independence by having a job." Client #1's Summary Tool dated June 2023, July 2023 and August 2023 did not contain a summary of goal data.</p> <p>Client #2's record was reviewed on 10/4/23 at 1:22 PM. The ISP dated 1/31/23 indicated the following goals: "[Client #2] will help with mealtime preparation with 2 verbal prompts 80% of opportunities for 12 months by 5/5/2023, To increase his personal care skills, [Client #2] wants to increase independence by having a job, To improve personal hygiene skills." Client #2's Summary Tool dated June 2023, July 2023 and August 2023 did not contain a summary of goal data.</p> <p>Client #3's record was reviewed on 10/4/23 at 2:00 PM. The ISP dated 10/20/22 indicated the following goals: "Domestic Skills- [Client #3] would like to participate in the maintenance of a clean safe environment in which to live, [Client #3] would like to improve his personal independence by being able to complete his daily hygiene routine, [Client #3] would like to increase his independence by being able to manage his money, [Client #3] wants to increase his independence by working toward self-administration of medication skills and [Client #3] would like to learn positive coping skills to increase his ability to manage behaviors so that he may increase his overall independence." Client</p>		<p>The facility will develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>The Area Supervisor will retrain all staff in the facility on completing goal tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if goal tracking is unavailable in Task Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Goal Data monthly at a minimum.</p> <p>The QAM will retrain the QIDP on reviewing goal tracking during IDTs</p> <p>The QAM will retrain QIDP on Goal Tracking data entry and review in Task Master Pro.</p> <p>The QIDP will verify Goal end dates in Task Master Pro and verify goal tracking remain current if data is not current QIPS will notify the Area Supervision and Program Manager who will in-service DSL and DSPs in the facility.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p>	

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W 0125 Bldg. 00	<p>#3's Summary Tool dated June 2023, July 2023 and August 2023 did not contain a summary of goal data</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/4/23 at 8:36 AM. The QIDP was requested to provide 3 months of goal data summaries for clients #1, #2 and #3.</p> <p>The QIDP was interviewed on 10/4/23 at 11:37 AM. The QIDP indicated she was having difficulty locating the goal data summaries on the facility's electronic record keeping system.</p> <p>The QIDP was interviewed on 10/4/23 at 12:15 PM. The QIDP indicated she was unable to obtain goal data to monitor goal progression. The QIDP indicated she does not review goal data to show how often the clients met their goal criteria during the quarterly IDT (Interdisciplinary Team) meetings.</p> <p>The QAM (Quality Assurance Manager) was interviewed on 10/4/23 at 12:45 PM. The QAM indicated client records should be accessible and available upon request.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and</p>	W 0125	<p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>Facility Number: 00664</p>	11/17/2023	

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	<p>interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's rights were not restricted without due process.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/3/23 from 4:43 PM to 7:00 PM.</p> <p>DSP #1 (Direct Support Professional) unlocked the pantry in the kitchen containing all the non-perishable food in the home at 4:58 PM.</p> <p>Client #1's record was reviewed on 10/4/23 at 11:55 AM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following rights restrictions: door alarms, sharps, freedom of movement (supervision), access to finances, medications and YSIS (You're safe, I'm safe- behavior management strategies).</p> <p>Client #2's record was reviewed on 10/4/23 at 1:22 PM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following rights restrictions: access to finances, freedom of movement (supervision), sharps, medications, door alarms, lighters kept locked, smoking supervision and alone time.</p> <p>Client #3's record was reviewed on 10/4/23 at 2:00 PM. The ISP (Individual Support Plan) dated 10/20/22 indicated the following rights restrictions: door alarms, sharps, access to finances and medications.</p> <p>The QIDP (Qualified Intellectual Disability Professional) and DSP #1 were interviewed on 10/3/23 at 5:55 PM. DSP #1 indicated she wasn't sure why the pantry was locked. The QIDP</p>		<p>Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 125 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>QIDP will update ISP on client rights restrictions and request HRC as required after reviewing Client #1's ISP (Individual Support Plan) for the following rights restrictions: door alarms, sharps, freedom of movement (supervision), access to finances, medications and YSIS You're safe, I'm safe behavior management strategies.</p> <p>QIDP will update ISP on client rights restrictions and request HRC as required after reviewing Client #2's ISP (Individual Support Plan) for the following rights restrictions access</p>	

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	<p>indicated the panty was locked because some clients ate whole loaves of bread in the middle of the night.</p> <p>DSP #2 was interviewed on 10/4/23 at 6:34 AM. DSP #2 indicated the locked pantry had been approved by HRC (Human Rights Committee) as a rights restriction.</p> <p>The QIDP was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated the locked pantry should be listed in clients' plans as a rights restriction.</p> <p>9-3-2(a)</p>		<p>to finances, freedom of movement (supervision), sharps, medications, door alarms, lighters kept locked, smoking supervision and alone time.</p> <p>Staff will be retrained on updated BSP</p> <p>QIDP will update ISP on client rights restrictions and request HRC as required after reviewing Client #3's record was reviewed on 10/4/23 at ISP (Individual Support Plan) for the following rights restrictions: door alarms, sharps, access to finances and medications.</p> <p>The QIDP will review all remaining Clients ISPs in the facility for client rights restrictions and request HRC as required after review and make updates to the ISP based on recommendations from the IDT comprised of para-professionals.</p> <p>The QIPD will retrain all staff in the facility on any updated plans as required.</p> <p>QAM will retrain QIDP on updating Clients BSP and requesting HRC as required.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p>	

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W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to develop a formal money management goal to teach client #2 to manage his finances.</p> <p>Findings include:</p> <p>A review of client #2's record was completed on 10/4/23 at 1:22 PM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following goals: meal preparation, increase personal care skills, increase his independence by having a job, to improve hygiene skills. Client #2's ISP did not include a training goal for money management.</p> <p>The CFA (Comprehensive Functional Assessment) dated 3/21/23 indicated client #2 was unable to make change correctly when making a purchase and needed help to make a minor purchase.</p> <p>The QIDP (Qualified Intellectual Disability Professional) was interviewed on 10/4/23 at 8:33 AM. The QIDP indicated client #2 was given</p>	W 0126	<p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP. DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 126 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(4)</p> <p>The facility will ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. The QIPD will update CFA</p>	11/17/2023

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W 0140 Bldg. 00	<p>\$52.00 in cash each month and spent all his money in one day.</p> <p>The QIDP was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated some clients had money goals and some do not.</p> <p>The QAM (Quality Assurance Manager) was interviewed on 10/5/23 at 11:00 AM. The QAM indicated there was some discussion regarding how client #2 spent all of his money and did not have money for things he wanted.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete</p>		<p>and develop a formal money management goal to teach client#2 to manage his finances.</p> <p>Goals will be updated based on the QIDP assessment develop a formal money management goal to teach client#2 to manage his finances.</p> <p>The QIDP will review all remaining Clients CFAs and make updates to the ISP based on recommendations from the IDT comprised of para-professionals.</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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	<p>accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to keep an itemized accounting of client #2's personal funds.</p> <p>Findings include:</p> <p>A review of client #2's financial ledger was completed on 10/4/23 at 8:30 AM. The financial ledger dated 7/7/23 to 9/29/23 indicated a weekly balance of .70 cents for the months of July, August and September. Receipts were not available for review.</p> <p>The DSL (Direct Support Lead) was interviewed on 10/4/23 at 8:30 AM. The DSL indicated client #2 received a monthly check for \$52.00. The DSL indicated client #2's check was cashed each month and the cash was given to client #2. The DSL indicated receipts were not kept to account for the \$52.00 each month spent by client #2.</p> <p>The QIDP (Qualified Intellectual Disability Professional) was interviewed on 10/4/23 at 8:33 AM. The QIDP indicated client #2 was given \$52.00 in cash each month and spent all his money in one day.</p> <p>The QIDP was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated client #2's receipts should be kept to account for the \$52.00 he received each month.</p> <p>9-3-2(a)</p>	W 0140	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 140 CLIENT FINANCES CFR(s): 483.420(b)(1)(i)</p> <p>The facility will establish and maintain a system that assures a full and complete accounting of clients' personal funds.</p> <p>The Facility will retrain staff on the standard of maintaining the system of accounting for client's funds entrusted to the facility. All receipts for the purchases must be returned to the facility and identify which client funds were spent on. The DSL will conduct weekly reviews of the Client Financial Record's to ensure all transactions have been recorded and account is balanced. The Program Manager will in-service the Area Supervisor, and Direct Support Lead on the use of client finance book.</p> <p>All employees will be trained on the revised standard</p>	11/17/2023
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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to implement its written policy and procedures to ensure an incident of SIB (self-injurious behavior) resulting in emergency medical evaluation and treatment was thoroughly investigated within 5 business days and corrective measures were developed and implemented to prevent recurrence.</p> <p>Findings include:</p>	W 0149	<p>and disciplinary action will be given if the standard is not followed.</p> <p>The Facility will ensure that the abuse neglect and exploitation policy is followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p>	11/17/2023

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 11:53 AM. The review indicated the following:</p> <p>-BDDS report dated 8/15/23 indicated, "It was reported [client #1] asked staff to take him to a hospital. When staff asked why he needed to go to a hospital, [client #1] hit himself in the face with a closed fist then threatened to further self-harm. Staff contacted nurse and was advised to transport [client #1] to [hospital] for evaluation."</p> <p>And,</p> <p>"[Client #1] was evaluated and admitted to [hospital] for treatment. ResCare will maintain contact with hospital and prepare for discharge."</p> <p>-Self-Injurious Behavior (SIB) Investigation dated 8/22/23 indicated the following:</p> <p>-"This MUST be completed by the QIDP (Qualified Intellectual Disabilities Professional)... within 5 days of any SIB incident and forwarded to the QA (Quality Assurance) Department within the 5-day timeframe."</p> <p>-"[DSP (Direct Support Professional) #1] on 8/22/23 stated she was in the kitchen when [client #1] came to her asking to be taken to the hospital. [DSP #1] stated she does not recall anything happening that triggered him making this request. [DSP #1] stated she asked [client #1] why he wanted to go to the hospital and he just started hitting himself in the face and repeating he wanted to go to the hospital, that he did not belong here, wanted to run into traffic, get hit by a car and die. [DSP #1] stated she called [nurse] who advised to</p>		<p>W 149 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)</p> <p>The facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client</p> <p>The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The facility will retrain staff at the site on client Behavior Support Plan (BSP) and specific physical intervention techniques during episodes of physical aggression and the use of You're Safe I'm Safe (physical intervention).</p> <p>The QIDP Review all clients in the facility BSPs to ensure and reactive procedures are accurate The QAM will retrain QIPD on completing investigation within 5 Business Days and ensuring corrective measures are developed and implemented to prevent recurrence and reactive measures are in place.</p>	

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	<p>take [client #1] to [hospital] for evaluation."</p> <p>- "Is SIB addressed in the BSP (Behavior Support Plan) and did staff follow the plan? No, SIB is not a target behavior.</p> <p>6. Did the client require first aid or outside medical treatment? If so, what? Yes, [client #1] was admitted to [hospital].</p> <p>7. Does the client have a history of SIB? No.</p> <p>8. Has the client had any other incidents of SIB in the past week? No.</p> <p>9. What strategies work to redirect the SIB, are the strategies in the BSP, and are staff implementing them? SIB is not a target behavior in his BSP."</p> <p>The review indicated the Investigation was completed by QAC (Quality Assurance Coordinator) on 8/22/23 and the signature</p> <p>of QAM (Quality Assurance Manager) was also listed but not dated. The review indicated the investigation of client #1's 8/14/23 SIB incident requiring emergency medical evaluation and treatment was completed on 8/22/23.</p> <p>Client #1's record was reviewed on 10/5/23 at 2:30 PM.</p> <p>Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted to the hospital on 8/14/23 and discharged on 8/18/23 four days later. Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted for suicidal ideation with a plan.</p> <p>Client #1's BSP dated 4/19/23 indicated the</p>		<p>The Area Supervisor will retrain all staff in the facility on Behavior tracking to ensure accurate data is collected.</p> <p>The QIDP will retrain staff on recommendations from the investigation to prevent recurrence and reactive measures are in place.</p> <p>The QIDP will retrain staff in the event that there are no behaviors staff will note "no behaviors this month" on behavior tracking form.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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	<p>following:</p> <p>-"TARGET BEHAVIORS AND GOALS Physical aggression towards self: any instance of hitting, scratching, or biting himself. He will also pull his own hair, pick himself, or puncture his own skin."</p> <p>-"Threats of self-harm/or suicide ideation (SI): Any time that [client #1] makes threats of self-harm or makes statements of suicide ideation to get attention and get a desired item or result from staff or others. This would also be any actual attempts for suicide. Safety protocol will be followed any time [client #1] makes these threats."</p> <p>-"Threats of Self-Harm If he makes statements of self-harm in order to escape responsibility or to get an item or a request fulfilled by staff. At the first sign of suicidal ideation staff will ask [client #1] what is wrong? Continue to talk with him about what is bothering him if he is willing. In a calm neutral voice request that he calm down and realize that we take this seriously. Immediately begin to keep a close eye on him and watch for him to attempt anything. One staff should notify the RM (Residential Manager) and the RM will notify the team and then they will decide if suicide protocol needs to be put in place. If it has been put in place and HRC (Human Rights Committee) has approved it, then anything in his room that he could hurt himself with needs to be</p>			

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	<p>removed and staff should be following what the protocol says.</p> <p>If in 24 hours he has calmed down and the team believes the threat of harm is over then the protocol will be removed.</p> <p>If he continues to be a threat to himself, then the team may decide to renew the protocol for another 24-hour period.</p> <p>Document on ABC tracker.</p> <p>Keep in communication with the nurse to determine the need for an inpatient stay at a psych hospital."</p> <p>"Safety Protocol His room will be emptied completely except for a pillow, sheet, and blanket. 1:1 staffing: defined as within eyesight for 4 hours. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others (i.e. if no assistance is given immediately then the act of not assisting will result in injury to a consumer or to the one-to-one staff.)</p> <p>His door will remain open with staff in the doorway. If he goes to the restroom, staff will be in the doorway to ensure he is displaying safe behavior.</p> <p>During the time that he is on 1:1, his 1:1 staff is there for his safety only and should limit the amount of attention he is receiving from being on 1:1. Being on 1:1 is not supposed to be rewarding and we do not want him enjoying the 1:1 so much that he has behaviors in order to be on 1:1.</p>			

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	<p>Room sweeps will be conducted in each of the areas where he has access to each shift. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the areas for any item(s) that he could use to cause self-injury (any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with). When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above-mentioned items and seek assistance from others to remove anything that is found.</p> <p>He will be restricted from having any item(s) (including all personal possessions) in his possession as well as items that he could break and use to self-injure.</p> <p>He will have the above listed rights restriction in place for health and safety reasons for 4 hours of 1:1 and then 15-minute checks for 24 hours, from time of the end of the behavior without any display of verbal aggression, physical aggression, property destruction, leaving assigned area/elopement or SIB/SL."</p> <p>Client #1's July 2023 ABC (Antecedent Behavior Consequence) tracking indicated the following:</p> <p>-7/20/23 at 8 PM client #1 had 8 documented incidents of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented client #1 had 1 incident of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented indicated client #1 had 2 incidents of self-harm/suicidal ideation.</p> <p>The review indicated there were two 7/22/23 dates listed with no times or specific information</p>			

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	<p>regarding the behaviors.</p> <p>Client #1's 8/2023 ABC tracking form indicated the following:</p> <p>-8/1/23 from 6:30 PM through 6:35 PM client #1 had 2 incidents of self-harm/suicidal ideation and 2 incidents of physical aggression towards himself.</p> <p>-8/14/23 with no time documented client #1 had 4 incidents of self-harm/suicidal ideation and 4 incidents of physical aggression towards himself.</p> <p>The review did not indicate documentation of the specific behavior or if the incidents were separate.</p> <p>Client #1's 9/2023 ABC tracking form did not indicate documentation of ABC tracking during the month of 9/2023. The form was blank with no data.</p> <p>Client #1's Psychiatrist visit note dated 8/24/23 indicated the following:</p> <p>"Staff reports they have observed SIB when stressed or anxious. Recent reports of running into traffic for attention when [unknown staff] was in the home working on behaviors. When questioned about that he stated 'It's a joke.' Discussed that suicide attempts and thought are taken very seriously."</p> <p>QAM (Quality Assurance Manager) was interviewed on 10/4/23 at 12:45 PM. QAM indicated client #1 had a BSP and the most current plan was dated 4/9/23. QAM indicated client #1's target behaviors include physical aggression towards himself and threats to self-harm/suicidal ideation. QAM indicated the 8/22/23 investigation</p>			

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	<p>regarding client #1's 8/14/23 incident of SIB should include documentation of the supporting evidence reviewed during the investigation. QAM indicated client #1's BSP dated 4/9/23 was documented as being reviewed as a component of the 8/22/23 investigation. QAM indicated the QAC (Quality Assurance Coordinator) had completed the investigation. QAM indicated she was the QAC's supervisor and would follow-up to clarify the investigation's findings regarding physical aggression towards himself, and threats of self-harm suicidal ideation not being listed as target behaviors and no history of the behaviors. QAM indicated client #1's BSP dated 4/9/23 indicated staff working with client #1 should notify the AS (Area Supervisor) if client #1 harmed himself or made threats to harm himself. QAM indicated the BSP listed the RM (Residential Manager) as the person staff should contact but the position had changed to AS. QAM indicated the AS would notify the administrative team which included QAM to determine if client #1's Safety Protocol should be implemented. QAM indicated the 8/22/23 investigation did not include documentation of finding of fact and determination or analysis regarding if staff implemented client #1's BSP strategies regarding self-harm or threats of self-harm. QAM indicated client #1's ABC tracking indicated client #1 had incidents of physical aggression towards himself and/or threat of self-harm/suicidal ideation during the months of July and August 2023. QAM indicated client #1's September 2023 ABC was blank with no documentation of behavioral incidents. QAM indicated the IDT (Interdisciplinary Team) should review and make recommendations to prevent recurrence of client #1's SIB or threats of SIB.</p> <p>QAM was interviewed on 10/4/23 at 1:47 PM.</p>			

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	<p>QAM indicated she followed-up with QAC regarding client #1's BSP and the findings listed in the 8/22/23 Investigation. QAM stated, "[QAC] said the SIB and PA (physical aggression) was an unfortunate oversight on her part." QAM indicated she was notified on 8/14/23 regarding client #1's threats of self-harm and physical aggression towards himself. QAM indicated there was not documentation available to review regarding client #1's other incidents of physical aggression towards himself or threats of SIB.</p> <p>The facility's policy and procedures were reviewed on 10/3/23 at 11:52 AM. The facility's Reporting and Investigating Abuse, Neglect, Exploitation, Mistreatment or a Violation of Individual's Rights policy dated 6/13/23 indicated the following:</p> <p>- "All allegations of or occurrences of abuse, neglect, exploitation, mistreatment or violation of an Individual's rights shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare, local, state and federal guidelines."</p> <p>- "4. The (QAM) Quality Assurance Manager will assign an investigative team. A full investigation will be conducted by investigators who have received training...."</p> <p>- "One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected."</p> <p>- "5. An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a through investigation has been</p>			

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W 0154 Bldg. 00	<p>completed."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure an investigation regarding an incident of client #1's SIB (self-injurious behavior) requiring emergency medical evaluation was thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 11:53 AM. The review indicated the following:</p> <p>-BDDS report dated 8/15/23 indicated, "It was reported [client #1] asked staff to take him to a hospital. When staff asked why he needed to go to a hospital, [client #1] hit himself in the face with a closed fist then threatened to further self-harm. Staff contacted nurse and was advised to transport [client #1] to [hospital] for evaluation."</p> <p>And,</p> <p>"[Client #1] was evaluated and admitted to [hospital] for treatment. ResCare will maintain contact with hospital and prepare for discharge."</p> <p>-Self-Injurious Behavior (SIB) Investigation dated 8/22/23 indicated the following:</p> <p>-"[DSP (Direct Support Professional) #1] on</p>			W 0154	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 154 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility will ensure evidence that all alleged violations are thoroughly investigated. The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines. The Quality Assurance Department will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE. The Facility will retrain staff</p>		11/17/2023

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	<p>8/22/23 stated she was in the kitchen when [client #1] came to her asking to be taken to the hospital. [DSP #1] stated she does not recall anything happening that triggered him making this request. [DSP #1] stated she asked [client #1] why he wanted to go to the hospital and he just started hitting himself in the face and repeating he wanted to go to the hospital, that he did not belong here, wanted to run into traffic, get hit by a car and die. [DSP #1] stated she called [nurse] who advised to take [client #1] to [hospital] for evaluation."</p> <p>-"Is SIB addressed in the BSP (Behavior Support Plan) and did staff follow the plan? No, SIB is not a target behavior.</p> <p>6. Did the client require first aid or outside medical treatment? If so, what? Yes, [client #1] was admitted to [hospital].</p> <p>7. Does the client have a history of SIB? No.</p> <p>8. Has the client had any other incidents of SIB in the past week? No.</p> <p>9. What strategies work to redirect the SIB, are the strategies in the BSP, and are staff implementing them? SIB is not a target behavior in his BSP."</p> <p>Client #1's record was reviewed on 10/5/23 at 2:30 PM.</p> <p>Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted to the hospital on 8/14/23 and discharged on 8/18/23 four days later. Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted for suicidal ideation with a plan.</p> <p>Client #1's BSP dated 4/19/23 indicated the</p>		<p>on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The QIPD will review all Clients in the facility's BSPs and insure reactive procedures are accurate and remain up to date.</p> <p>The Area Supervisor will retrain all staff in the facility on completing behavior tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if behavioral tracking is unavailable in Task Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Behavior Tracking Data monthly at a minimum.</p> <p>The QIDP Review all clients in the facility BSPs to ensure and reactive procedures are accurate The QAM will retrain QIPD on completing investigation within 5 Business Days and ensuring corrective measures are developed and implemented to prevent recurrence, and reactive measures</p>	

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	<p>following:</p> <p>-"TARGET BEHAVIORS AND GOALS Physical aggression towards self: any instance of hitting, scratching, or biting himself. He will also pull his own hair, pick himself, or puncture his own skin."</p> <p>-"Threats of self-harm/or suicide ideation (SI): Any time that [client #1] makes threats of self-harm or makes statements of suicide ideation to get attention and get a desired item or result from staff or others. This would also be any actual attempts for suicide. Safety protocol will be followed any time [client #1] makes these threats."</p> <p>-"Threats of Self-Harm If he makes statements of self-harm in order to escape responsibility or to get an item or a request fulfilled by staff. At the first sign of suicidal ideation staff will ask [client #1] what is wrong? Continue to talk with him about what is bothering him if he is willing. In a calm neutral voice request that he calm down and realize that we take this seriously. Immediately begin to keep a close eye on him and watch for him to attempt anything One staff should notify the RM (Residential Manager) and the RM will notify the team and then they will decide if suicide protocol needs to be put in place. If it has been put in place and HRC (Human Rights Committee) has approved it, then anything in his room that he could hurt himself with needs to be</p>		<p>are in place. The Area Supervisor will retrain all staff in the facility on Behavior tracking to ensure accurate data is collected. The QIDP will retrain staff on recommendations from the investigation to prevent recurrence, and reactive measures are in place. The QIDP will retrain staff in the event that there are no behaviors staff will note "no behaviors this month" on behavior tracking form. A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility. QIDP Staff will be retrained on reporting and following SIB plan, the Program Manager, Area Supervisor and DSL will monitor reporting to ensure accurate and timely reporting by all staff in the facility. The QAM will update investigation form to include review date by ED and QAM A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p>	
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	<p>removed and staff should be following what the protocol says.</p> <p>If in 24 hours he has calmed down and the team believes the threat of harm is over then the protocol will be removed.</p> <p>If he continues to be a threat to himself, then the team may decide to renew the protocol for another 24-hour period.</p> <p>Document on ABC tracker.</p> <p>Keep in communication with the nurse to determine the need for an inpatient stay at a psych hospital."</p> <p>"Safety Protocol His room will be emptied completely except for a pillow, sheet, and blanket. 1:1 staffing: defined as within eyesight for 4 hours. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others (i.e. if no assistance is given immediately then the act of not assisting will result in injury to a consumer or to the one-to-one staff.)</p> <p>His door will remain open with staff in the doorway. If he goes to the restroom, staff will be in the doorway to ensure he is displaying safe behavior.</p> <p>During the time that he is on 1:1, his 1:1 staff is there for his safety only and should limit the amount of attention he is receiving from being on 1:1. Being on 1:1 is not supposed to be rewarding and we do not want him enjoying the 1:1 so much that he has behaviors in order to be on 1:1.</p>		<p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP. DATE OF COMPLETION: November 17, 2023</p>	

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	<p>Room sweeps will be conducted in each of the areas where he has access to each shift. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the areas for any item(s) that he could use to cause self-injury (any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with). When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above-mentioned items and seek assistance from others to remove anything that is found.</p> <p>He will be restricted from having any item(s) (including all personal possessions) in his possession as well as items that he could break and use to self-injure.</p> <p>He will have the above listed rights restriction in place for health and safety reasons for 4 hours of 1:1 and then 15-minute checks for 24 hours, from time of the end of the behavior without any display of verbal aggression, physical aggression, property destruction, leaving assigned area/elopement or SIB/SL."</p> <p>Client #1's July 2023 ABC (Antecedent Behavior Consequence) tracking indicated the following:</p> <p>-7/20/23 at 8 PM client #1 had 8 documented incidents of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented client #1 had 1 incident of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented indicated client #1 had 2 incidents of self-harm/suicidal ideation.</p> <p>The review indicated there were two 7/22/23 dates listed with no times or specific information</p>			

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	<p>regarding the behaviors.</p> <p>Client #1's 8/2023 ABC tracking form indicated the following:</p> <p>-8/1/23 from 6:30 PM through 6:35 PM client #1 had 2 incidents of self-harm/suicidal ideation and 2 incidents of physical aggression towards himself.</p> <p>-8/14/23 with no time documented client #1 had 4 incidents of self-harm/suicidal ideation and 4 incidents of physical aggression towards himself.</p> <p>The review did not indicate documentation of the specific behavior or if the incidents were separate.</p> <p>Client #1's 9/2023 ABC tracking form did not indicate documentation of ABC tracking during the month of 9/2023. The form was blank with no data.</p> <p>Client #1's Psychiatrist visit note dated 8/24/23 indicated the following:</p> <p>"Staff reports they have observed SIB when stressed or anxious. Recent reports of running into traffic for attention when [unknown staff] was in the home working on behaviors. When questioned about that he stated 'It's a joke.' Discussed that suicide attempts and thought are taken very seriously."</p> <p>QAM (Quality Assurance Manager) was interviewed on 10/4/23 at 12:45 PM. QAM indicated client #1 had a BSP and the most current plan was dated 4/9/23. QAM indicated client #1's target behaviors include physical aggression towards himself and threats to self-harm/suicidal ideation. QAM indicated the 8/22/23 investigation</p>			

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	<p>regarding client #1's 8/14/23 incident of SIB should include documentation of the supporting evidence reviewed during the investigation. QAM indicated client #1's BSP dated 4/9/23 was documented as being reviewed as a component of the 8/22/23 investigation. QAM indicated the QAC (Quality Assurance Coordinator) had completed the investigation. QAM indicated she was the QAC's supervisor and would follow-up to clarify the investigation's findings regarding physical aggression towards himself, or threats of self-harm suicidal ideation was listed as not target behaviors and no history of the behaviors. QAM indicated client #1's BSP dated 4/9/23 indicated staff working with client #1 should notify the AS (Area Supervisor) if client #1 harmed himself or made threats to harm himself. QAM indicated the BSP listed the RM (Residential Manager) as the person staff should contact but the position had changed to AS. QAM indicated the AS would notify the administrative team which included QAM to determine if client #1's Safety Protocol should be implemented. QAM indicated the 8/22/23 investigation did not include documentation of finding of fact and determination or analysis regarding if staff implemented client #1's BSP strategies regarding self-harm or threats of self-harm. QAM indicated client #1's ABC tracking indicated client #1 had incidents of physical aggression towards himself and/or threat of self-harm/suicidal ideation during the months of July and August 2023. QAM indicated client #1's September 2023 ABC was blank with no documentation of behavioral incidents.</p> <p>QAM was interviewed on 10/4/23 at 1:47 PM. QAM indicated she followed-up with QAC regarding client #1's BSP and the findings listed in the 8/22/23 Investigation. QAM stated, "[QAC]</p>			

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W 0156 Bldg. 00	<p>said the SIB and PA (physical aggression) was an unfortunate oversight on her part." QAM indicated she was notified on 8/14/23 regarding client #1's threats of self-harm and physical aggression towards himself. QAM indicated there was not documentation available to review regarding client #1's other incidents of physical aggression towards himself or threats of SIB.</p> <p>9-3-2(a)</p> <p>483.420(d)(4)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure an investigation regarding an incident of client #1's SIB (self-injurious behavior) resulting in emergency medical evaluation and treatment was investigated within 5 business days of the incident.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 11:53 AM. The review indicated the following:</p> <p>-BDDS report dated 8/15/23 indicated, "It was reported [client #1] asked staff to take him to a hospital. When staff asked why he needed to go to a hospital, [client #1] hit himself in the face with a closed fist then threatened to further self-harm. Staff contacted nurse and was advised to transport [client #1] to [hospital] for evaluation."</p>	W 0156	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 156 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The facility will ensure the results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days</p>	11/17/2023

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	<p>And,</p> <p>"[Client #1] was evaluated and admitted to [hospital] for treatment. ResCare will maintain contact with hospital and prepare for discharge."</p> <p>-Self-Injurious Behavior (SIB) Investigation dated 8/22/23 indicated the following:</p> <p>-"This MUST be completed by the QIDP (Qualified Intellectual Disabilities Professional)... within 5 days of any SIB incident and forwarded to the QA (Quality Assurance) Department within the 5-day timeframe."</p> <p>The review indicated the Investigation was completed by QAC (Quality Assurance Coordinator) on 8/22/23 and the signature of QAM (Quality Assurance Manager) was also listed but not dated. The review indicated the investigation of client #1's 8/14/23 SIB incident requiring emergency medical evaluation and treatment was completed on 8/22/23.</p> <p>QAM was interviewed on 10/3/23 at 11:05 AM. The QAM indicated allegations should be thoroughly investigated within 5 business days of the alleged incident.</p> <p>9-3-2(a)</p>		<p>of the incident.</p> <p>The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines.</p> <p>The Quality Assurance Department will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE.</p> <p>The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The QIPD will review all Clients in the facility's BSPs and insure reactive procedures are accurate and remain up to date.</p> <p>The Area Supervisor will retrain all staff in the facility on completing behavior tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if behavioral tracking is unavailable in Task</p>	
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			<p>Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Behavior Tracking Data monthly at a minimum.</p> <p>The QIDP Review all clients in the facility BSPs to ensure and reactive procedures are accurate The QAM will retrain QIPD on completing investigation within 5 Business Days and ensuring corrective measures are developed and implemented to prevent recurrence, and reactive measures are in place.</p> <p>The Area Supervisor will retrain all staff in the facility on Behavior tracking to ensure accurate data is collected.</p> <p>The QIDP will retrain staff on recommendations from the investigation to prevent recurrence, and reactive measures are in place.</p> <p>The QIDP will retrain staff in the event that there are no behaviors staff will note "no behaviors this month" on behavior tracking form.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>QIDP Staff will be retrained on reporting and following SIB plan, the Program Manager, Area Supervisor and DSL will monitor</p>	

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W 0157 Bldg. 00	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to develop and implement corrective measures regarding client #1's self-injurious behavior management needs.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/3/23 at 11:53 AM. The review</p>	W 0157	<p>reporting to ensure accurate and timely reporting by all staff in the facility. The QAM will update investigation form to include review date by ED and QAM A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP. DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p>	11/17/2023

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	<p>indicated the following:</p> <p>-BDDS report dated 8/15/23 indicated, "It was reported [client #1] asked staff to take him to a hospital. When staff asked why he needed to go to a hospital, [client #1] hit himself in the face with a closed fist then threatened to further self-harm. Staff contacted nurse and was advised to transport [client #1] to [hospital] for evaluation."</p> <p>And,</p> <p>"[Client #1] was evaluated and admitted to [hospital] for treatment. ResCare will maintain contact with hospital and prepare for discharge."</p> <p>-Self-Injurious Behavior (SIB) Investigation dated 8/22/23 indicated the following:</p> <p>-"[DSP (Direct Support Professional) #1] on 8/22/23 stated she was in the kitchen when [client #1] came to her asking to be taken to the hospital. [DSP #1] stated she does not recall anything happening that triggered him making this request. [DSP #1] stated she asked [client #1] why he wanted to go to the hospital and he just started hitting himself in the face and repeating he wanted to go to the hospital, that he did not belong here, wanted to run into traffic, get hit by a car and die. [DSP #1] stated she called [nurse] who advised to take [client #1] to [hospital] for evaluation."</p> <p>-"Is SIB addressed in the BSP (Behavior Support Plan) and did staff follow the plan? No, SIB is not a target behavior.</p> <p>6. Did the client require first aid or outside medical treatment? If so, what? Yes, [client #1] was admitted to [hospital].</p>		<p>W 157 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The facility will ensure the results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>The Quality Assurance Department will ensure all investigations are completed in accordance with the policies of ResCare, local, state and federal guidelines.</p> <p>The Quality Assurance Department will be retrained by the Associate Executive Director on the local, state and federal guidelines for investigations of ANE.</p> <p>The Facility will retrain staff on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. Monitoring of ANE will done by The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>The QIPD will review all</p>	

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	<p>7. Does the client have a history of SIB? No.</p> <p>8. Has the client had any other incidents of SIB in the past week? No.</p> <p>9. What strategies work to redirect the SIB, are the strategies in the BSP, and are staff implementing them? SIB is not a target behavior in his BSP."</p> <p>Client #1's record was reviewed on 10/5/23 at 2:30 PM.</p> <p>Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted to the hospital on 8/14/23 and discharged on 8/18/23 four days later. Client #1's Hospital Discharge Document dated 8/18/23 indicated client #1 was admitted for suicidal ideation with a plan.</p> <p>Client #1's BSP dated 4/19/23 indicated the following:</p> <p>-"TARGET BEHAVIORS AND GOALS Physical aggression towards self: any instance of hitting, scratching, or biting himself. He will also pull his own hair, pick himself, or puncture his own skin."</p> <p>-"Threats of self-harm/or suicide ideation (SI): Any time that [client #1] makes threats of self-harm or makes statements of suicide ideation to get attention and get a desired item or result from staff or others. This would also be any actual attempts for suicide. Safety protocol will be followed any time [client #1] makes these threats."</p> <p>-"Threats of Self-Harm If he makes statements of self-harm in order to escape responsibility or to get an item or a request</p>		<p>Clients in the facility's BSPs and insure reactive procedures are accurate and remain up to date.</p> <p>The Area Supervisor will retrain all staff in the facility on completing behavior tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if behavioral tracking is unavailable in Task Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Behavior Tracking Data monthly at a minimum.</p> <p>The QIDP Review all clients in the facility BSPs to ensure and reactive procedures are accurate The QAM will retrain QIPD on completing investigation within 5 Business Days and ensuring corrective measures are developed and implemented to prevent recurrence, and reactive measures are in place.</p> <p>The Area Supervisor will retrain all staff in the facility on Behavior tracking to ensure accurate data is collected.</p> <p>The QIDP will retrain staff on recommendations from the investigation to prevent recurrence, and reactive measures are in place.</p> <p>The QIDP will retrain staff in the event that there are no behaviors staff will note "no behaviors this month" on behavior tracking form.</p>	

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	<p>fulfilled by staff.</p> <p>At the first sign of suicidal ideation staff will ask [client #1] what is wrong? Continue to talk with him about what is bothering him if he is willing.</p> <p>In a calm neutral voice request that he calm down and realize that we take this seriously.</p> <p>Immediately begin to keep a close eye on him and watch for him to attempt anything</p> <p>One staff should notify the RM (Residential Manager) and the RM will notify the team and then they will decide if suicide protocol needs to be put in place.</p> <p>If it has been put in place and HRC (Human Rights Committee) has approved it, then anything in his room that he could hurt himself with needs to be removed and staff should be following what the protocol says.</p> <p>If in 24 hours he has calmed down and the team believes the threat of harm is over then the protocol will be removed.</p> <p>If he continues to be a threat to himself, then the team may decide to renew the protocol for another 24-hour period.</p> <p>Document on ABC tracker.</p> <p>Keep in communication with the nurse to determine the need for an inpatient stay at a psych hospital."</p> <p>"Safety Protocol His room will be emptied completely except for a pillow, sheet, and blanket.</p>		<p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>QIDP Staff will be retrained on reporting and following SIB plan, the Program Manager, Area Supervisor and DSL will monitor reporting to ensure accurate and timely reporting by all staff in the facility.</p> <p>The QAM will update investigation form to include review date by ED and QAM</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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	<p>1:1 staffing: defined as within eyesight for 4 hours. That staff will not have any other responsibilities to any other consumer unless there is imminent risk of harm to self or others (i.e. if no assistance is given immediately then the act of not assisting will result in injury to a consumer or to the one-to-one staff.)</p> <p>His door will remain open with staff in the doorway. If he goes to the restroom, staff will be in the doorway to ensure he is displaying safe behavior.</p> <p>During the time that he is on 1:1, his 1:1 staff is there for his safety only and should limit the amount of attention he is receiving from being on 1:1. Being on 1:1 is not supposed to be rewarding and we do not want him enjoying the 1:1 so much that he has behaviors in order to be on 1:1.</p> <p>Room sweeps will be conducted in each of the areas where he has access to each shift. During the room sweeps a staff who is not the 1:1 will search each area and all furnishings in the areas for any item(s) that he could use to cause self-injury (any item he could use to puncture his skin with, and any item he could break and use to puncture his skin with). When walking into a room he has access to the 1:1 staff will visually scan the area for any of the above-mentioned items and seek assistance from others to remove anything that is found.</p> <p>He will be restricted from having any item(s) (including all personal possessions) in his possession as well as items that he could break and use to self-injure.</p> <p>He will have the above listed rights restriction in place for health and safety reasons for 4 hours of</p>			

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	<p>1:1 and then 15-minute checks for 24 hours, from time of the end of the behavior without any display of verbal aggression, physical aggression, property destruction, leaving assigned area/elopement or SIB/SL."</p> <p>Client #1's July 2023 ABC (Antecedent Behavior Consequence) tracking indicated the following:</p> <p>-7/20/23 at 8 PM client #1 had 8 documented incidents of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented client #1 had 1 incident of self-harm/suicidal ideation.</p> <p>-7/22/23 with no time documented indicated client #1 had 2 incidents of self-harm/suicidal ideation.</p> <p>The review indicated there were two 7/22/23 dates listed with no times or specific information regarding the behaviors.</p> <p>Client #1's 8/2023 ABC tracking form indicated the following:</p> <p>-8/1/23 from 6:30 PM through 6:35 PM client #1 had 2 incidents of self-harm/suicidal ideation and 2 incidents of physical aggression towards himself.</p> <p>-8/14/23 with no time documented client #1 had 4 incidents of self-harm/suicidal ideation and 4 incidents of physical aggression towards himself.</p> <p>The review did not indicate documentation of the specific behavior or if the incidents were separate.</p> <p>Client #1's 9/2023 ABC tracking form did not indicate documentation of ABC tracking during the month of 9/2023. The form was blank with no</p>			

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	<p>data.</p> <p>Client #1's Psychiatrist visit note dated 8/24/23 indicated the following:</p> <p>-"Staff reports they have observed SIB when stressed or anxious. Recent reports of running into traffic for attention when [unknown staff] was in the home working on behaviors. When questioned about that he stated "It's a joke." Discussed that suicide attempts and thought are taken very seriously."</p> <p>QAM (Quality Assurance Manager) was interviewed on 10/4/23 at 12:45 PM. QAM indicated client #1 had a BSP and the most current plan was dated 4/9/23. QAM indicated client #1's target behaviors include physical aggression towards himself and threats to self-harm/suicidal ideation. QAM indicated the 8/22/23 investigation regarding client #1's 8/14/23 incident of SIB should include documentation of the supporting evidence reviewed during the investigation. QAM indicated client #1's BSP dated 4/9/23 was documented as being reviewed as a component of the 8/22/23 investigation. QAM indicated the QAC (Quality Assurance Coordinator) had completed the investigation. QAM indicated she was the QAC's supervisor and would follow-up to clarify the investigation's findings regarding physical aggression towards himself, or threats of self-harm suicidal ideation was listed as not target behaviors and no history of the behaviors. QAM indicated client #1's BSP dated 4/9/23 indicated staff working with client #1 should notify the AS (Area Supervisor) if client #1 harmed himself or made threats to harm himself. QAM indicated the BSP listed the RM (Residential Manager) as the person staff should contact but the position had changed to AS. QAM indicated the AS would</p>			

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W 0159 Bldg. 00	<p>notify the administrative team which included QAM to determine if client #1's Safety Protocol should be implemented. QAM indicated the 8/22/23 investigation did not include documentation of finding of fact and determination or analysis regarding if staff implemented client #1's BSP strategies regarding self-harm or threats of self-harm. QAM indicated client #1's ABC tracking indicated client #1 had incidents of physical aggression towards himself and/or threat of self-harm/suicidal ideation during the months of July and August 2023. QAM indicated client #1's September 2023 ABC was blank with no documentation of behavioral incidents. QAM indicated the IDT (Interdisciplinary Team) should review and make recommendations to prevent recurrence of client #1's SIB or threats of SIB.</p> <p>QAM was interviewed on 10/4/23 at 1:47 PM. QAM indicated she followed-up with QAC regarding client #1's BSP and the findings listed in the 8/22/23 Investigation. QAM stated, "[QAC] said the SIB and PA (physical aggression) was an unfortunate oversight on her part." QAM indicated she was notified on 8/14/23 regarding client #1's threats of self-harm and physical aggression towards himself. QAM indicated there was not documentation available to review regarding client #1's other incidents of physical aggression towards himself or threats of SIB.</p> <p>9-3-2(a) 483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who-</p>			

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	<p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and one additional client (#8), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor: 1) timely access to money requested by client #2, 2) include client #2's participation in the IDT (Interdisciplinary Team) meeting, 3) ensure cigarettes were available to implement client #2's smoking schedule, 4) ensure individualized active treatment schedules incorporated client #1, #2 and #3's training goals throughout the day, 5) collect data to monitor goal progression of clients #1, #2 and #3's ISPs (Individual Support Plans), and 6) review and update client #2's CFA (Comprehensive Functional Assessment) following a decline in his health.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 10/4/23 at 1:22 PM. Client #2's 6/13/23 smoking schedule indicated, "ResCare/IDT (Interdisciplinary Team) is willing to supplement the cost of cigarettes for [client #2] if he is willing to attend workshop."</p> <p>The DSL (Direct Support Lead) and QIDP were interviewed on 10/03/23 at 5:53 PM. The DSL indicated client #2 had been out of cigarettes for a week. The DSL indicated client #2 purchased tobacco and rolled his own cigarettes with the \$52 a month he received. The QIDP indicated when client #2 ran out of cigarettes the facility would purchase more cigarettes. The DSL indicated money was requested for the clients from the business office and the check was ready to be picked up 4 days to one week from the date of request.</p> <p>Client #8 was interviewed on 10/3/23 at 4:24 PM.</p>	W 0159	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 159 QIDP CFR(s): 483.430(a)</p> <p>The Facility will ensure each client's active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional</p> <p>The QAM will inservice the QIDP on including call clients in the facility in all IDTs</p> <p>The QIPD will update CFA and develop a formal money management goal to teach clients in the facility to manage their finances.</p> <p>Goals will be updated based on the QIDP assessment develop a formal money management goal to teach clients how to manage his finances.</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP.</p> <p>The Area Supervisor will retrain staff on ResCare check request policy and ensure funds</p>	11/17/2023

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	<p>Client #8 indicated he can request money from the DSL but has to wait a week before he received the money.</p> <p>The QIDP was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated clients can request funds from their accounts. The QIDP indicated the funds were requested from the business office. The QIDP indicated once the funds were available there was a three day wait before the check could be given to the clients.</p> <p>The QAM (Quality Assurance Manager) was interviewed on 10/5/23 at 11:00 AM. The QAM indicated checks were requested from the facility's central office. The QAM indicated the check was sent to the local office and held for two days to ensure the funds are in the account. The QAM indicated if a check was requested on Monday, it would could be picked up by the client and staff on Wednesday. The QAM indicated a discussion should take place if a client did not receive funds in a timely manner.</p> <p>2. The QIDP failed to include client #2's participation in his IDT meetings. Please see W209.</p> <p>3. The QIDP failed to ensure cigarettes were available to implement client #2's smoking schedule. Please see W249.</p> <p>4. The QIDP failed to ensure individualized active treatment schedules incorporated client #1, #2 and #3's training goals throughout the day. Please see W250.</p> <p>5. The QIDP failed to collect data to monitor goal progression of clients #1, #2 and #3's ISP goals. Please see W252.</p>		<p>are available for client use.</p> <p>All staff in the facility will be retrained on client#2 smoking policy and the DSL will ensure cigarettes are available per plan requirement.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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W 0209 Bldg. 00	<p>6. The QIDP failed to review and update client #2's CFA following a decline in his health to reassess his ability to safely access the community independently. Please see W259.</p> <p>9-3-3(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview of 1 of 3 sampled clients (#2), the facility failed to include client #2's participation in the IDT (Interdisciplinary Team) meetings.</p> <p>Findings include:</p> <p>A review of client #2's record was completed on 10/4/23 at 1:22 PM.</p> <p>The IDT (Interdisciplinary Team) meeting signature sheet did not have client #2's signature for IDT notes dated 4/14/23 and 8/25/23 when the team met and discussed his request for alone time.</p> <p>The QIDP (Qualified Intellectual Disability Professional) was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated if a client participated in the IDT meeting their signature would be on the attendance sheet. The QIDP indicated client #2's signature was not on the signature page for his IDT meetings dated 4/14/23 and 8/25/23.</p> <p>9-3-4(a)</p>	W 0209	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 209 INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(2)</p> <p>The Facility will ensure each client's the client's, legal guardian participation in the individuals program plan unless participation is unobtainable.</p> <p>The QAM will in-service the QIDP on including call clients in the facility in all IDTs A member of the Administrative team will conduct a</p>	11/17/2023

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to have cigarettes available in order to implement client #2's smoking schedule.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/3/23 from 4:43 PM to 7:00 PM and on 10/4/23 from 6:33 AM to 9:38 AM.</p> <p>Client #2 did not smoke during these observations.</p>	W 0249	<p>monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p>	11/17/2023

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	<p>A review of client #2's record was completed on 10/4/23 at 1:22 PM.</p> <p>-The special service plan smoking schedule dated 06/13/2023 indicated:</p> <p>"[Client #2] will not smoke more than 1 cigarette every 2 hours. [Client #2's] cigarettes will be kept locked until it is time for him to have a cigarette, staff will then provide [Client #2] with one cigarette. On the off hour, staff will provide [Client #2] with (1) lozenge or (1) piece of nicotine gum, as recommended by his physician.</p> <p>Staff will provide [Client #2] with (1) cigarette at: 6:00 AM (if he is awake) 6:00 PM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM (if he is awake), 12:00 AM (if he is awake), 2:00 AM (if he is awake), 4:00 PM (if he is awake) and 6:00 AM (if he is awake).</p> <p>ResCare/IDT is willing to supplement the cost of cigarettes for [client #2] if he is willing to attend workshop."</p> <p>The DSL (Direct Support Lead) and QIDP were interviewed on 10/03/23 at 5:53 PM. The DSL indicated client #2 had been out of cigarettes for a week. The DSL indicated client #2 purchased tobacco and rolled his own cigarettes with the \$52 a month he received. The QIDP indicated when client #2 ran out of cigarettes the facility would purchase more cigarettes.</p> <p>The nurse was interviewed on 10/3/23 at 4:35 PM. The nurse indicated client #2 was on a smoking cessation program. The nurse indicated as part of the program the facility agreed to pay for client #2's cigarettes if he was unable to afford them.</p>		<p>W 249 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>The Area Supervisor will retrain staff on ResCare check request policy and ensure funds are available for client use.</p> <p>All staff in the facility will be retrained on client#2 smoking policy and the DSL will ensure ciggarets are available per plan requirement.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support</p>	

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W 0250 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, interview and record review of 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure individualized active treatment schedules incorporated clients #1, #2 and #3's training goals throughout the day.</p> <p>Findings include:</p> <p>Observations were conducted on 10/4/23 from 6:33 AM to 9:38 AM.</p> <p>Client #2 set the table in the dining room at 7:01 AM. Client #2 sat at the table eating breakfast at 7:27 AM. Client #2 took his dishes to the kitchen at 7:35 AM and put on his oxygen. Client #3 requested the bathroom cleaner at 7:42 AM to clean the two bathrooms upstairs. Client #2 took off his oxygen at 8:11 AM. Client #2 got into bed to take a nap at 8:24 AM. Client #3 played a computer game while talking to an online friend at 9:18 AM.</p> <p>Client #1's record was reviewed on 10/4/23 at 11:55 AM. The active treatment schedule, undated, indicated, "The schedule is intended to direct the intensity of staff training with [client #1]...Do the</p>	W 0250	<p>Lead, and DSP. DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 250 PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2)</p> <p>The facility will maintain an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>The QIDP will review all clients in the facility active treatment schedule and make update actives based on this review.</p>	11/17/2023
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	<p>following from 9am-4pm daily; work on communication skills, domestic skills, practice pedestrian skills, go to the park, out to eat. Participate in active treatment, search for employment."</p> <p>Client #2's record was reviewed on 10/4/23 at 1:22 PM. The active treatment schedule, undated, indicated, "The schedule is intended to direct the intensity of staff training with [client #2]...Do the following from 8am-4pm daily; communicating to staff where he would like to go for an outing, exercising (sic) -going for a walk, etc. [Client #2] may also choose from the following activities that she (sic) wants to do: going to movies, shopping, going to the [gym], visiting a park or museum, go out to eat."</p> <p>Client #3's record was reviewed on 10/4/23 at 2:00 PM. The record, undated, indicated "The schedule is intended to direct the intensity of staff training with [client #3]...Do the following from 9am-4pm daily; work on communication skills, domestic skills, practice pedestrian skills, go to the park, out to eat. Participate in active treatment, search for employment."</p> <p>Client #3 was interviewed on 10/3/23 at 4:01 PM. Client #3 indicated during the day he wakes up, takes his medications, eats breakfast and spends time in his room the rest of the morning. Client #3 stated he comes downstairs and offered to help make lunch because he doesn't want to be "cooped up" in his room all day.</p> <p>Client #2 was interviewed on 10/4/23 at 6:33 AM. Client #2 indicated he sleeps when he is not working.</p> <p>DSP (Direct Support Professional) #1 was</p>		<p>The QIPD will review all clients goals in the facility and make update actives based on this review.</p> <p>The QAM will Retrain the QIDP on maintaining an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff</p> <p>The QIDP will retrain all staff in the facility on revised active treatment schedules.</p> <p>The DSL will ensure weekly staff are following active treatment schedules, random periodic drop in observations will be done by Area Supervisor weekly to ensure active treatment schedule is being followed.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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W 0252 Bldg. 00	<p>interviewed on 10/4/23 at 6:34 AM. DSP #1 indicated clients #1, #2 and #3 worked on medication goals during the day. DSP #1 indicated client #2 helped to cook. DSP #1 indicated clients #1 and #3 had goals to work during the day. DSP #1 indicated the clients participated in activities and use a local gym pass to play basketball.</p> <p>DSP #2 was interviewed on 10/4/23 at 6:56 AM. DSP #2 indicated clients #1, #2 and #3 attended a dance every other month hosted by a local church.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated an activity should be offered to clients every 15 to 30 minutes. The QIDP indicated the schedules were available at the house and staff should be able to produce them when asked about the clients day time routine.</p> <p>9-3-4(a) 483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record and interview for 3 of 3 sampled clients (#1, #2, and #3), the facility failed to collect data in order to monitor goal progression of clients #1, #2 and #3's ISP (Individual Support Plan) goals.</p> <p>Findings include: Client #1's record was reviewed on 10/4/23 at 11:55 AM. The ISP dated 1/31/23 indicated the</p>	W 0252	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN</p>	11/17/2023

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	<p>following goals: "Domestic Skills- [Client #1] would like to participate in the maintenance of a clean safe environment in which to live, [Client #1] would like to improve his personal independence by being able to complete his daily hygiene routine, [Client #1] would like to increase his independence by being able to manage his money, [Client #1] wants to increase his independence by working toward self-administration of medication skills, [Client #1] would like to learn positive coping skills to increase his ability to manage behaviors so that he may increase his overall independence and [Client #1] wants to increase independence by having a job."</p> <p>Client #1's monthly summaries for June 2023, July 2023 and August 2023 were reviewed. The page to show data progress was blank for each summary.</p> <p>Client #2's record was reviewed on 10/4/23 at 1:22 PM. The ISP dated 1/31/23 indicated the following goals: "[Client #2] will help with mealtime preparation with 2 verbal prompts 80% of opportunities for 12 months by 5/5/2023, To increase his personal care skills, [Client #2] wants to increase independence by having a job, To improve personal hygiene skills."</p> <p>Client #2's monthly summaries for June 2023, July 2023 and August 2023 were reviewed. The page to show data progress was blank for each summary.</p> <p>Client #3's record was reviewed on 10/4/23 at 2:00 PM. The ISP dated 10/20/23 indicated the following goals: "Domestic Skills- [Client #3] would like to participate in the maintenance of a clean safe environment in which to live, [Client #3] would like to improve his personal independence by being able to complete his daily hygiene</p>		<p>DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 252 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>The facility will develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>The Area Supervisor will retrain all staff in the facility on completing goal tracking data on a daily basis</p> <p>The Area Supervisor will retrain all staff in the facility on notifying the QIDP if goal tracking is unavailable in Task Master Pro based on goals being timed out.</p> <p>The QAM will retrain the QIDP on review Goal Data monthly at a minimum.</p> <p>The QAM will retrain the QIDP on reviewing goal tracking during IDTs</p> <p>The QAM will retrain QIDP on Goal Tracking data entry and review in Task Master Pro.</p> <p>The QIDP will verify Goal end dates in Task Master Pro and verify goal tracking remain current if data is not current QIPS will notify the Area Supervision and Program Manager who will in-service DSL and DSPs in the</p>	
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W 0259 Bldg. 00	<p>routine, [Client #3] would like to increase his independence by being able to manage his money, [Client #3] wants to increase his independence by working toward self-administration of medication skills and [Client #3] would like to learn positive coping skills to increase his ability to manage behaviors so that he may increase his overall independence."</p> <p>Client #3's monthly summaries for June 2023, July 2023 and August 2023 were reviewed. The page to show data progress was blank for each summary.</p> <p>The QIDP was interviewed on 10/4/23 at 11:37 AM. The QIDP (Qualified Intellectual Disabilities Professional) indicated she met with the IDT (Interdisciplinary Team) quarterly to talk about goal progress.</p> <p>The QIDP was interviewed on 10/4/23 at 12:15 PM. The QIDP indicated she does not review percentages detailing how often the clients meet their goal criteria during IDT meetings.</p> <p>9-3-4(a) 483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview of 1 of 3 sampled clients (#2), the facility failed to review and update client #2's CFA (Comprehensive Functional Assessment) following a decline in his health to reassess his ability to safely access the community independently.</p> <p>Findings include:</p>	W 0259	<p>facility. A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP. DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN</p>	11/17/2023			

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 10/3/23 at 11:46 AM. The review indicated, the following:</p> <p>-BDDS report dated 4/11/23 indicated, "It was reported [client #2] was at his psychiatrist appointment when he appeared to not feel well. The psychiatrist checked [client #2's] oxygen level and found oxygen to be 91%. The psychiatrist advised [client #2] to be transported to ER (Emergency Room) for evaluation."</p> <p>and,</p> <p>"Staff transported [client #2] to ER where he was evaluated. [Client #2] was admitted for observation. ResCare will maintain contact with hospital and prepare for discharge."</p> <p>-BDDS report dated 6/5/23 indicated, "Staff reported [client #2] appeared to be breathing heavily and his face appeared red. Staff took [client #2's] vitals and his O2 (oxygen) was 91%. Staff gave [client #2] a PRN (as needed) breathing treatment and his O2 dropped to 83%. [Client #2] refused to go to the hospital. Staff called EMS (Emergency Medical Service) and [client #2] agreed to go to the hospital via ambulance. [Client #2] was evaluated and advised to be admitted. [Client #2] refused admission to the hospital and left the hospital Against Medical Advice. [Client #2] returned to the group home with staff. [Client #2] is a heavy smoker and was advised by ER doctor that his life was at risk, [client #2] still refused treatment and left the hospital."</p> <p>and,</p>		<p>DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 259 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) Update CFA will be complete by QIDP</p> <p>The facility will ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. The QIPD will update CFA and develop a formal money management goal to teach client#2 to manage his finances. Goals will be updated based on the QIDP assessment develop a formal money management goal to teach client#2 to manage his finances. The QIDP will review all remaining Clients CFAs and make updates to the ISP based on recommendations from the IDT comprised of para-professionals. QIDP will update The ISP (Individual Support Plan) based on assessment. The QIDP will retrain all staff in the facility on updated ISP. A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will</p>	

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	<p>"[Client #2] is an emancipated adult with a POA (Power of Attorney) in place. An IDT (Interdisciplinary Team) will be held to discuss [Client #2's] medical condition and come up with a plan to address [client #2's] medical needs to ensure his health and safety. [Client #2] is doing well at this time, with no further complaints or concerns reported by staff."</p> <p>-BDDS report dated 6/8/23 indicated, "It was reported the nurse was assessing [client #2] when he appeared to have labored breathing. The nurse advised [client #2] to go to the hospital for evaluation and he agreed. Staff transported [client #2] to the ER at [hospital]."</p> <p>and,</p> <p>"[Client #2] was evaluated and admitted to the hospital with diagnosis of Dyspnea (labored breathing), COPD (restricted airway and difficulty breathing), and Hypoxia (absence of oxygen in the tissues). The current care plan is to treat with steroids (inflammation), breathing treatments and O2 (oxygen). [Client #2] did not test positive for any respiratory infections. [Facility] will maintain contact with hospital and prepare for discharge."</p> <p>-BDDS report dated 9/24/23 indicated, "It was reported while [client #2] was eating a pork chop during dinner he coughed, lost consciousness, fell backwards onto the floor, and lost control of his bladder. [Client #2] became alert 15 seconds later. Staff called 911. EMS arrived and transported [client #2] to the ER for evaluation."</p> <p>and,</p> <p>"[Client #2] was evaluated in the ER and</p>		<p>hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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	<p>discharged to his home. Discharge diagnosis: choking episode, syncope (loss of consciousness), unspecified type. [Labs] and [tests] completed. Follow up with PCP (Primary Care Physician) in 1 to 2 days, follow-up with any specialist as indicated and discussed. Staff have been trained on the orders and will schedule the follow up appointment. Staff will continue to monitor [client #2, follow all discharge instructions, and notify the nurse of any changes. [Client #2's] dining plan is in place and current for regular diet and liquids. His dining plan will be reviewed by ResCare LPN and changes will be made as needed after follow-ups."</p> <p>Client #2's record was reviewed on 10/4/23 at 1:22 PM.</p> <p>-The BSP (Behavior Support Plan) dated 6/13/23 indicates, "ALONE TIME PROTOCOL: [client #2's] alone time has been restricted unless he has a staff following him in the community due to his health issues. Due to the lack of oxygen and his potential to have an issue, he needs supervision in the community at all times."</p> <p>-The IDT meeting note dated 5/6/23 indicated, "[Client #2's] alone time is restricted until further notice due to health concerns and not having a cell phone (staff will help get a government phone)."</p> <p>-The IDT (Interdisciplinary Team) meeting noted dated 8/2/23 indicated "client #2 wanted his alone time back. The IDT note indicated alone time would be discussed at his next meeting."</p> <p>The CFA dated 3/21/23, indicated independence in the following areas: "Can cross street by self, Can go to school/work unattended, Can return</p>			

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	<p>from school/work unattended, can go to/return from recreation activities unattended, walks alone and walks up/down stairs alone."</p> <p>The HRP (High Risk Plan) dated 10/3/23 for client #2's Postural Hypotension (low blood pressure that occurs when standing up from sitting, laying down or bending over) indicates: "Triggers to NOTIFY NURSE -Most people have no symptoms but the following may occur: Dull headaches, dizziness or blurred vision. CALL 911 if new onset of slurred speech, uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes, pain spreading to the shoulders, neck or arms. It may feel like pressure, tightness, burning, or heavy weight. It may be located in the chest, upper abdomen, neck, jaw, or inside the arms or shoulders, chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath, anxiety, nervousness and/or cold, sweaty skin, paleness or pallor or increased or irregular heart rate."</p> <p>The nurse was interviewed on 10/3/23 at 4:35 PM. The nurse stated, "[Client #2] is a long time heavy smoker. He has seen his primary and pulmonary doctor and they have gone over dignity of risk. He chooses to smoke." The nurse indicated an incident when client #2 bent over to sweep up dust. The nurse indicated when client #2 stood up, he became dizzy and staff caught him before falling.</p> <p>Client #2 and the QIDP were interviewed on 10/3/23 at 5:58 PM. Client #2 indicated he would like his alone time back. The QIDP indicated client #2 no longer has alone time because he passed out and it was not safe for him to be unsupervised.</p>			

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W 0350 Bldg. 00	<p>The nurse was interviewed on 10/4/23 at 3:27 PM. The nurse indicated client #2 had passed out once. The nurse indicated client #2 almost fell due to Postural Hypotension. The nurse indicated if client #2 had a coughing spell, she was concerned he may pass out. The nurse indicated client #2 needs staff with him when in the community for his safety.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated client #2's motor skills have changed. The QIDP indicated client #2 had alone time, but when breathing issues occurred causing him to pass out he is no longer able to have unsupervised time. The QIDP indicated assessments need to be revised if a client's health changes.</p> <p>9-3-4(a) 483.460(e)(3) DENTAL SERVICES</p> <p>The facility must provide education and training in the maintenance of oral health. Based on record review and interview of 2 of 3 sampled clients (#1 and #3), the facility failed to incorporate client #1 and #3's oral health needs into a specific training program goal to address recommendations made by their dentist.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/4/23 at 11:55 AM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following goal: "[Client #1] would like to improve his personal independence by being able to complete his daily hygiene routine. GOAL 2: [client</p>	W 0350	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 350 DENTAL SERVICES CFR(s): 483.460(e)(3)</p>	11/17/2023

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	<p>#1] will improve daily hygiene routine with two verbal prompts 75% of the opportunities across 12 consecutive months by 4.19.24. Methodology indicated: Staff will prompt [client #1] twice it is time to work on hygiene goals (brushing teeth, showering, bathing, etc.)"</p> <p>Client #1's dental appointment consult record dated 7/12/23 indicated, "Oral hygiene-fair/poor, heavy plaque with gingivitis (inflammation of the gums). Must have daily gum line brushing to heal tissues and prevent decay. Findings of examination: moderate gingivitis."</p> <p>2. Client #3's record was reviewed on 10/4/23 at 2:00 PM. The ISP dated 10/20/22 indicated the following goal: [Client #3] would like to improve his personal independence by being able to complete his daily hygiene routine. [Client #3] will improve daily hygiene routine with two verbal prompts 75% of the opportunities across 12 consecutive months by 10.23. Methodology indicated: staff will prompt [Client #3] twice it is time to work on hygiene goals(brushing teeth, showering, bathing, etc.)"</p> <p>-Client #3's Dental consult record dated 3/29/23 indicated, "Oral hygiene fair with gingivitis. Needs help with gum line brushing to heal tissues. Calculus (dental plaque) on upper and lower interior."</p> <p>-Client #3's Dental consult record dated 10/4/23 indicated, "Plaque/calculus on front gum lines. Brush better daily to heal tissues. Physician orders: daily gum line brushing."</p> <p>-Client #3's Dental consult record dated 3/9/23 indicated, "hygiene fair, moderate gingivitis. Physician orders: floss/brush better."</p>		<p>The Facility will ensure each client's will receive education and training in the maintenance of oral health.</p> <p>The QIPD will update client goals with facility nursing input on education and training in the maintenance of oral health</p> <p>Client Goals will be updated based on Dentist recommendations by the QIDP.</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP. .</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Nurse, DON, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p>	

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W 0361	<p>-Client #3's Dental consult record dated 9/21/22 indicated, "Oral hygiene very poor, needs help with daily gum line brushing to heal tissues. Findings: gingivitis."</p> <p>The nurse was interviewed on 10/4/23 at 3:27 PM. The nurse indicated client #1 had fair oral hygiene with heavy plaque and was recommended to brush his gum line daily. The nurse indicated she in-serviced the staff to monitor and encourage him to brush better. The nurse indicated the QIDP (Qualified Intellectual Disability Professional) does not receive the dental assessment recommendations. The nurse indicates she in-serviced the DSP's (Direct Support Professionals) and the DSL (Direct Support Lead). The nurse indicated the QIDP received a copy of in-service.</p> <p>An e-mail received by the nurse on 10/5/23 at 11:37 AM indicated, she was unable to locate the staff in-service instruction for staff to monitor and encourage better brushing. The nurse indicated they will be retrained.</p> <p>The QIDP was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated the nurse trained staff on medical appointment recommendations and texted the information to the team. The QIDP indicated she was unaware of concerns with client #1 and #3's oral hygiene. The QIDP indicated if tooth brushing was an issue, she would implement a goal in client #1 and #3's Individual Support Plans.</p> <p>9-3-6(a) 483.460(i) PHARMACY SERVICES</p>			

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Bldg. 00	<p>The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.</p> <p>Based on observation, record review and interview for 1 additional client (#4), the facility failed to have medications stocked in the home resulting in client #4 missing a medication ordered by his physician.</p> <p>Findings include:</p> <p>Observations were completed on 10/4/23 from 6:33 AM to 9:38 AM.</p> <p>Client #4 came to the med room at 7:44 AM to self-administer his medications. Client #4's Methylphenidate (attention deficit) 20 mg (milligram) was not available.</p> <p>Client #4's Physician order was reviewed on 10/04/23 at 2:45 PM. Client #4's Physician's Orders dated 9/1/23 indicated an order for "methylphenidate 20 tab mg ER (extended release) - one tablet by mouth once daily *no refills*. Schedule: Daily at 7:00."</p> <p>Client #4 was interviewed on 10/3/23 at 5:07 PM. Client #4 indicated he did not receive his Methylphenidate this morning because it was not in the house. Client #4 indicated he had trouble focusing at work today due to missing his medication.</p> <p>DSP (Direct Support Professional) #2 was interviewed on 10/4/23 at 7:44 AM. DSP #2 indicated the medication needed prior</p>	W 0361	<p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p> <p>W 361 PHARMACY SERVICES CFR(s): 483.460(i)</p> <p>Facility administrator retrained staff on QuickMar documentation procedures. Staff were retrained to understand QuickMar notes and the notification process.</p> <p>Clients #2 Methylphenidate (attention deficit) 20 mg has been restocked and available for client.</p> <p>The Nurse will Staff retrained notifying nurse when 7days remaining of meds and Staff will be retrained immediately notifying nurse when med is out of stock</p> <p>Observations will be complete bi-weekly by the DSL, and Monthly by area supervisor,</p>	11/17/2023
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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W 0371 Bldg. 00	<p>authorization and was not delivered by the pharmacy.</p> <p>The nurse was interviewed on 10/4/23 at 3:27 PM. The nurse indicated staff should follow physician orders. The nurse indicated staff should reorder medications when there are 7 tablets left in the pack and notify the nurse if they are not delivered by the pharmacy. The nurse indicated staff would be retrained on the medication reordering.</p> <p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review and interview of 1 of 3 sampled clients (#2), the facility failed to develop a formal training objective for client #2 to participate in the self-administration of his medication.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/3/23 from 4:43 PM to 7:00 PM.</p> <p>Client #2 came to the med room at 3:57 PM. The DSL (Direct Support Lead) asked client #2 the name of his medication (Buspirone for anxiety).</p>	W 0371	<p>random</p> <p>Facility observation will be conducted by a member of the administrative team monthly to ensure medication are given as prescribed.</p> <p>Persons Responsible: AED, Nurse, DON, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP.</p> <p>DATE OF COMPLETION: November 17, 2023</p> <p>Facility Number: 00664 Provider Number: 15G127 AIMS Number: 100234310</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE IN. Inc. ADDRESS: 1031 West Street, New Albany, IN DATE SURVEY COMPLETED: October 12, 2023</p>	11/17/2023
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	<p>Client #2 indicated he didn't know the name of his medication.</p> <p>Observations were completed at the group home on 10/4/23 from 6:33 AM to 9:38 AM.</p> <p>Client #2 came to the med room at 7:01 AM. DSP #2 (Direct Support Professional) asked client #2 why he took his medication. Client #2 indicated he didn't know the name of his medication. DSP #2 reminded client #2 his Gabapentin was for his arm pain.</p> <p>A review of Client #2's record was completed 10/4/23 at 1:22 PM. The ISP (Individual Support Plan) dated 1/31/23 indicated the following goals: meal preparation, increase personal care skills, increase his independence by having a job and to improve hygiene skills. Client #2's ISP did not include a training goal for medication administration.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/4/23 at 4:36 PM. The QIDP indicated clients should have a medication administration goal.</p> <p>9-3-6(a)</p>		<p>W 371 DRUG ADMINISTRATION CFR(s): 483.460(k)(4)</p> <p>The Facility will ensure system for drug administration and assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>The QIPD will update client goals to assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>Client Goals will be updated based on IDT and recommendations by the QIDP.</p> <p>QIDP will update The ISP (Individual Support Plan) based on assessment.</p> <p>The QIDP will retrain all staff in the facility on updated ISP. .</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>Persons Responsible: AED, Nurse, DON, Quality Assurance</p>	

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

PRINTED: 11/14/2023
FORM APPROVED
OMB NO. 0938-039

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			Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Direct Support Lead, and DSP. DATE OF COMPLETION: November 17, 2023		