

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G518		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/09/2013	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 8217 LIEBER RD INDIANAPOLIS, IN 46260			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/28/13, 8/29/13, 9/6/13 and 9/9/13.</p> <p>Facility Number: 001032 Provider Number: 15G518 AIMS Number: 100245240</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/25/13 by Ruth Shackelford, QIDP.</p>			W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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W000126	<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.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients used United States currency.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/28/13 from 4:45 PM through 6:15 PM. At 4:45 PM client #3 was seated at an activity table located in the group home's living room. Client #3 was stacking and counting plastic coins while seated at the table. At 5:31 PM staff #1 sat down at the table with client #3 and asked client #3 to identify a nickel and a quarter using plastic coins as currency.</p> <p>Client #1's record was reviewed on 8/29/13 at 8:32 AM. Client #1's ISP (Individual Support Plan) dated 5/1/13 indicated client #1 should "...combine various coins to equal one dollar."</p> <p>Client #2's record was reviewed on 8/29/13 at 9:38 AM. Client #2's ISP dated 7/5/13 indicated client #2 was not independent with money management and</p>	W000126	CORRECTION: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. Specifically for Clients #1 - #8, staff now use United States currency when providing money management training. PREVENTION: Facility professional staff will be retrained regarding the need to assure all clients have an opportunity to hold their own money to the maximum extent possible based on their current assessed level of competency as well as the fact that actual United States currency should be used during money management training activities. RESPONSIBLE PARTIES:QIDP, Residential Manager, Direct Support Staff, Administrative Team	10/09/2013			

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	<p>had a formal training objective to count her money.</p> <p>Client #3's record was reviewed on 8/29/13 at 10:09 AM. Client #3's ISP dated 7/5/13 indicated client #3 should "Sort coins (pennies, nickels, dimes and quarters)."</p> <p>Client #4's record was reviewed on 8/29/13 at 10:40 AM. Client #4's ISP dated 6/5/13 indicated client #4 should "Identify the value of a coin."</p> <p>Staff #1 was interviewed on 8/28/13 at 5:33 PM. Staff #1 indicated client #3 was completing his money management goal using plastic coins. Staff #1 indicated the group home utilized plastic coins for clients #1, #2, #3 and #4's money management goals.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 8/28/13 at 4:45 PM. QIDPD #1 indicated the group home used plastic coins for formal and informal money management training. QIDPD #1 indicated clients should be offered United States currency for informal and formal money management training.</p> <p>9-3-2(a)</p>				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to maintain a complete accounting of the clients' funds.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/29/13 at 12:00 PM. QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was asked to provide documentation of clients #1, #2, #3 and #4's individual petty cash or COH (Cash On Hand) transactions. QIDPD #1 retrieved a plastic bag filled with individual client paper envelopes. The plastic bag contained loose change in addition to the clients' envelopes. Clients #1, #2, #3 and #4's individual petty cash/COH was mixed in the plastic bag with the loose change. QIDPD #1 was not able to identify whose money was in the bag and/or how much each client should or did have in their envelopes. Clients #1, #2, #3 and #4's monies were mixed.</p> <p>1. Client #1's FR (Financial Record) was reviewed on 8/29/13 at 11:30 AM. Client</p>	W000140	<p>CORRECTION: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically, for Clients #1 – #4 and four additional clients #5 - #8, the Residential Manager will maintain an up to date ledger to track purchases for all clients including a sign-out log for money to be spent at day service and workshops. All staff will assure that clients provide receipts for purchases as appropriate and the QIDP will maintain copies of receipts for purchases recorded on the ledgers. PREVENTION: The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances as part of an ongoing facility audit</p>	10/09/2013	

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	<p>#1's FR did not indicate documentation of a transaction ledger and/or receipts for client #1's COH (Cash On Hand) transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>2. Client #2's FR was reviewed on 8/29/13 at 11:45 AM. Client #2's FR did not indicate documentation of a transaction ledger and/or receipts for client #2's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>3. Client #3's FR was reviewed on 8/29/13 at 11:50 AM. Client #3's FR did not indicate documentation of a transaction ledger and/or receipts for client #3's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>4. Client #4's FR was reviewed on 8/29/13 at 11:55 AM. Client #4's FR did not indicate documentation of a transaction ledger and/or receipts for client #4's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>QIDPD #1 was interviewed on 8/29/13 at 12:00 PM. QIDPD #1 indicated clients #1, #2, #3 and #4's petty cash/COH</p>		<p>process. RESPONSIBLE PARTIES:QIDP, Residential Manager, Direct Support Staff, Administrative Team</p>				

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	<p>money was kept in a plastic bag. QIDPD #1 indicated the clients' individual money was kept inside of paper envelopes within the plastic bag. QIDPD #1 indicated clients #1, #2, #3 and #4's money had mixed in the plastic bag. QIDPD #1 stated, "I would like to have a ledger for each client. We need a ledger for each client to be able to know where everyone's money is. We can't really tell who has what right now." QIDPD #1 indicated there was not an accounting of clients #1, #2, #3 and/or #4's funds.</p> <p>9-3-2(a)</p>			

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W000141	<p>483.420(b)(1)(ii) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that precludes any commingling of client funds with facility funds or with the funds of any person other than another client.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients' funds were not mixed together.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/29/13 at 12:00 PM. QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was asked to provide documentation of clients #1, #2, #3 and #4's individual petty cash or COH (Cash On Hand) transactions. QIDPD #1 retrieved a plastic bag filled with individual client paper envelopes. The plastic bag contained loose change in addition to the clients' envelopes. Clients #1, #2, #3 and #4's individual petty cash/COH was mixed in the plastic bag with the loose change. QIDPD #1 was not able to identify whose money was in the bag and/or how much each client should or did have in their envelopes. Clients #1, #2, #3 and #4's petty cash was mixed.</p> <p>1. Client #1's FR (Financial Record) was reviewed on 8/29/13 at 11:30 AM. Client</p>	W000141	<p>CORRECTION: The facility must establish and maintain a system that precludes any commingling of client funds with facility funds or with the funds of any person other than another client. Specifically, for Clients #1 – #4 and four additional clients #5 - #8, with assistance from the administrative team, the facility will audit client finances to assure that each individual has a correct current balance of cash on hand and if any monies are determined to be missing, they will be replaced by the governing body. Additionally, the facility will create individual finance files and money pouches for each client to prevent comingling of finances. PREVENTION: The Residential Manager will be responsible for maintaining client financial records and the QIDP will audit these records no less than weekly to assure that no funds are comingled between clients. All staff will be retrained regarding the need to prevent clients' money from being comingled. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances as part of an ongoing facility audit</p>	10/09/2013

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	<p>#1's FR did not indicate documentation of a transaction ledger and/or receipts for client #1's COH (Cash On Hand) transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>2. Client #2's FR was reviewed on 8/29/13 at 11:45 AM. Client #2's FR did not indicate documentation of a transaction ledger and/or receipts for client #2's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>3. Client #3's FR was reviewed on 8/29/13 at 11:50 AM. Client #3's FR did not indicate documentation of a transaction ledger and/or receipts for client #3's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>4. Client #4's FR was reviewed on 8/29/13 at 11:55 AM. Client #4's FR did not indicate documentation of a transaction ledger and/or receipts for client #4's COH transactions for May 2013, June 2013, July 2013 or through the 8/29/13 date of review.</p> <p>QIDPD #1 was interviewed on 8/29/13 at 12:00 PM. QIDPD #1 indicated clients #1, #2, #3 and #4's petty cash/COH</p>		<p>process. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Administrative Team</p>				

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	<p>money was kept in a plastic bag. QIDPD #1 indicated the clients' individual money was kept inside of paper envelopes within the plastic bag. QIDPD #1 indicated clients #1, #2, #3 and #4's money had mixed in the plastic bag. QIDPD #1 stated, "I would like to have a ledger for each client. We need a ledger for each client to be able to know where everyone's money is. We can't really tell who has what right now." QIDPD #1 indicated there was not an accounting of clients #1, #2, #3 and/or #4's funds.</p> <p>9-3-2(a)</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility's HRC (Human Rights Committee) failed to obtain the client's guardian's written approval before the use of behavior controlling medications for client #1.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/29/13 at 8:32 AM. Client #1's ISP (Individual Support Plan) dated 5/1/13 indicated client #1 had a legal guardian. Client #1's BSP (Behavior Support Plan) dated 5/1/13 indicated client #1 received Abilify (agitation) 2 milligram tablet and Luvox (obsessive compulsive disorder) 100 milligram tablet for behavior control. Client #1's BSP dated 5/1/13 did not indicate documentation of client #1 or client #1's guardian's written informed consent for use of the psychotropic medications used for behavior management. Client #1's POF (Physician's Order Form) dated 7/30/13 indicated client #1 received "Abilify 2 milligram tablet: one tablet by mouth at bedtime for agitation associated with autism.</p>	W000263	<p>CORRECTION: The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically, the team will obtain written consent from Client #1's guardian for the use of behavior controlling medication. The facility will also assure that prior written informed consent for the use of behavior controlling medication is present for other clients who reside at the facility as appropriate. PREVENTION: Professional staff will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed</p>	10/09/2013			

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	<p>Fluvoxamine/Luvox 100 milligram tablet: give two tablets by mouth at bedtime for obsessive compulsive disorder." Client #1's Consents for Medication form dated 5/1/13 indicated client #1 received Abilify 2 milligram tablet and Luvox 100 milligram tablet. Client #1's Consents for Medication form dated 5/1/13 did not indicate documentation of written informed consent for the use of Abilify 2 milligram tablet or Luvox 100 milligram as there was not documentation of client #1's guardian's signature on the form.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was interviewed on 8/29/13 at 12:00 PM. QIDPD #1 indicated there was no additional documentation regarding client #1's guardian's written informed consent. QIDPD #1 indicated client #1's guardian's written informed consent should be obtained for the use of psychotropic medications used for behavior control.</p> <p>9-3-4(a)</p>		<p>consent from Guardian or other legal representatives. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly. RESPONSIBLE PARTIES: Human Rights Committee, QIDP, Residential Manager, Direct Support Staff, Administrative Team</p>		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 8/28/13 at 6:05 PM. The review indicated the facility failed to conduct an evacuation drill for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) for the fourth quarter, October through December 2012 for the 6:00 AM through 3:00 PM shift.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 8/29/13 at 12:00 PM. QIDPD #1 indicated there were no additional evacuation drills available for review.</p> <p>9-3-7(a)</p>	W000440	<p>CORRECTION: The facility must hold evacuation drills at least quarterly for each shift of personnel. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter. PREVENTION: Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Additionally, the Quality Assurance Team will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Administrative Team</p>	10/09/2013