

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2011
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN47018
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: November 28, 29, and 30, 2011</p> <p>Facility Number: 000839 Provider Number: 15G321 AIM Number: 100244000</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-15-11 by C. Neary, Program Coordinator.</p>	W0000		
W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 18 investigations/incidents reviewed for 2 of 4 sampled clients (#1 and #3), the facility failed to implement policies and procedures which prohibited staff to client neglect.</p> <p>Findings include:</p> <p>Review of facility investigations on 11/30/11 at 2:30 PM indicated two investigations regarding staff #10's conduct towards clients.</p>	W0149	<p>W149: Facility will develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of clients.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Investigation was completed per policy and procedure and staff #10 was terminated (Attachment A). 	12/23/2011

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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	<p>1. An investigation dated 6/03/11 substantiated staff #10 had "cupped" her hand over client #3's mouth while he was having a behavior on 5/30/11 at 5:30 PM. The investigation indicated staff #10 had "inappropriately interacted" with client #3 by "not intervening in an appropriate physical manner intended for an adult or in their behavior plan."</p> <p>2. An investigation dated 6/13/11 indicated on 6/11/11 at 1:00 PM staff #10 documented she had given client #1 tea to drink when in fact she had not. The 6/13/11 investigation indicated client #1 had a program to receive fluids (iced tea) periodically to address his Polydipsia (drinking too much fluid) behavior. The investigation substantiated staff #10 had not followed client #1's behavior program and had falsified documentation.</p> <p>Both investigations contained the following information which indicated staff #10 had violated the agency's Standards of Conduct policy 7. 1 A. 21, "Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training" by neglecting to implement clients #1 and #3's behavior programs correctly.</p>		<ul style="list-style-type: none"> · Client #3's bed alarm has been discontinued (Attachment B). · Staff receive ongoing monthly training in Abuse and Neglect (Attachment C). · Staff have been inserviced on Client #3's Fall plan (Attachment G). <p>How we will identify others: Quality Assurance Director will review all investigations to ensure that BSP has been followed and all safeguards have been implemented. Program Coordinators will review monthly staff meeting agendas to ensure that required training is documented.</p> <p>Measures to be put in place: Investigation Committee will review all investigations to ensure that the circumstances of incident, including interventions, BSP implementation, and client safeguards were</p>				

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	<p>3. A reportable incident dated 8/08/11 at 12:00 AM indicated client #3 had a scratch on his arm, a small knot on side of his head, and a bruise on his lower middle back. The report indicated he had fallen earlier in the evening, stumbled out of his bedroom and "fall" onto the floor. The report indicated client #3 had a bed alarm but it was not turned on. The report indicated staff #6, staff #15, and staff #16 had neglected to set client #3's bed alarm which was in place to prevent his falling.</p> <p>The facility's 7/18/11 policy "Abuse, Neglect, Exploitation," was reviewed on 11/30/11 at 3:00 PM. The policy indicated the agency "strictly prohibits abuse/neglect/exploitation/mistreatment" of clients served by the agency.</p> <p>Interview with staff #9 on 11/30/11 at 4:20 PM indicated staff #10 had not followed the agency's policy which prohibited client neglect by failing to implement the clients' behavior programs. The interview indicated staff #6, #15 and #16 had neglected to set client #3's bed alarm before he fell and sustained injury.</p> <p>9-3-2(a)</p>		<p>implemented. Abuse/Neglect training will continue to be performed monthly and annually.</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living will review monthly staff meeting agendas to ensure that training is being documented. Program Coordinators, Home Mangers will perform weekly active treatment observations (Attachment D) to ensure that active treatment is present and abuse, neglect is not occurring.</p> <p>Completion Date: 12-23-2011</p>		

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W0186	<p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, interview and record review, for 4 of 4 clients (#1, #2, #3, #4) and 1 additional client (#6), the facility failed to ensure sufficient staff (two) were working the overnight shift.</p> <p>Findings include:</p> <p>During observations at the facility on 11/28/11 from 4:15 PM until 6:45 PM and on 11/29/11 from 5:50 AM until 8:30 AM, the front east exit doors were observed to be fitted with alarms.</p> <p>Review on 11/29/11 at 9:30 AM of client #1's record indicated a behavior Support Plan/BSP dated 10/6/11 which indicated he was an elopement risk.</p> <p>Review on 11/29/11 at 10:00 AM of client #2's record indicated interaction guidelines dated 3/7/11 which indicated he had a history of "inappropriate" sexual contact with peers and required supervision.</p>	W0186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Home Manger, Program Coordinator have been inserviced on providing sufficient staff on each shift (Attachment C). <p>How we will identify others:</p> <p>Program Coordinators will review staffing schedules to ensure that sufficient staff are</p>	12/23/2011

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	<p>Review on 11/30/11 at 1:45 PM of client #3's record indicated an ISP/Individual Support Plan dated 10/18/11. The ISP indicated the client was at risk for falls and required supervision at night.</p> <p>Review on 11/29/11 at 10:30 AM of client #4's record indicated an ISP and BSP both dated 9/29/11. The client's programs indicated he had aggressive behaviors, was at risk for choking and had to be monitored so he would not drink thin liquids.</p> <p>Review on 11/30/11 at 2:10 PM of client #6's record indicated he had uncontrolled seizures and required nightly bed checks by staff.</p> <p>Review of staffing schedules for 11/28 and 11/29/11 on 11/30/11 at 2:35 PM indicated staff #8 had worked the nightshift alone on 11/28-29/11.</p> <p>Interview with program coordinator staff #1 on 11/28/11 at 4:45 PM indicated the door alarms were in place to prevent client #1 from eloping.</p> <p>Interview with staff #8 on 11/29/11 at 6:12 AM indicated she had worked alone at the facility from 10:00 PM 11/28/11 until 5:00 AM on 11/29/11.</p>		<p>scheduled for each shift.</p> <p>Measures to be put in place: Active Treatment observations (Attachment D) will continue weekly to ensure sufficient staff are working. Scheduler will also review staff hours daily to ensure that staff are present and working.</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living will review staffing schedules and daily hours to ensure that sufficient staff are present.</p> <p>Completion Date: 12-23-2011</p>		

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W0189	<p>Interview with staff #4 on 11/30/11 at 1:52 PM indicated because of behavioral and medical issues with clients, two overnight staff were needed at the facility to ensure the safety of clients #1, #2, #3, #4, and #6.</p> <p>9-3-3(a) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on observation, record review and interview for 4 of 4 clients (#1, #2, #3, and #4), and 3 additional clients (#5, #6 and #7), the facility failed to ensure staff was adequately trained to engage clients in activities which would increase their mealtime skills.</p> <p>Findings include: The evening meal and its preparation was observed on 11/28/11 from 4:15 PM until 6:45 PM. Staff #5 was observed to set the table for clients #1, #2, #3, #4, #5, #6, and #7 instead of engaging clients in the activity. When client #3 had finished eating, staff #5 turned on the water in the sink, rinsed client #3's plate, dried it and opened the dishwasher for client #3. Staff #5 turned on water faucet and adjusted the faucet for client #2 to rinse his plate instead of allowing him to do so. Client</p>	W0189	<p>W189: The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Staff #5 has received On the Job training (Attachment F) · Staff have been inserviced on Active Treatment and what custodial care is (Attachment G).. <p>How we will identify others: Program Coordinators will staff On the Job training</p>	12/23/2011			

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	<p>#4 began to rinse his dinner plate, but staff #5 used the sprayer on the plate and put it into the dishwasher. Staff #5 cleared client #1's dishes after the meal.</p> <p>Staff #5's training records were reviewed on 11/30/11 at 1:25 PM. The undated "On-the-Job Training Competency Checklist" record for staff #5 indicated no evidence the former house manager staff #19 had given staff #5 any training.</p> <p>Interview with staff #5 on 11/28/11 at 4:25 PM stated he was "temporary" staff and his main assignment was at another agency location.</p> <p>Interview with staff #9 on 11/30/11 at 4:20 PM indicated staff #5 should have been trained to include clients in doing activities such as setting the dining table, clearing, rinsing and loading dishes into the dishwasher. The interview indicated clients should be prompted according to their ability levels to do mealtime activities. The interview indicated staff #9 should have trained staff #5 to engage clients instead of custodially doing activities of daily living for them.</p> <p>9-3-3(a)</p>		<p>to ensure that all staff have been trained on clients in each home.</p> <p>Measures to be put in place: Training Coordinator will ensure that On the Job training is received by all employees and maintained in training files. Program Coordinators, Home Managers will perform Weekly Active Treatment observations (Attachment D) to ensure that Active Treatment is being performed.</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living will review Active treatment observations to ensure that active treatment is being performed, Director of Supervised Group Living, Director/Coordinator of Quality Assurance will perform periodic service reviews, including Best in Class to ensure that Active treatment is being</p>				

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W0210	<p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (#3), the facility failed to reassess client #3's sleep pattern and the methods used to monitor his sleep.</p> <p>Findings include:</p> <p>On 11/29/11 at 5:55 AM, client #3 was at the dining table with his head on the table. Client #3 indicated he was sleepy. Client #3 returned to his bedroom to sleep after breakfast at 6:15 AM. Client #3 remained in his room until medications at 7:55 AM. Client #3 indicated he was sleepy and wanted to stay home at 8:00 AM. Client #3 required staff redirection to board the van for the day program at 8:30 AM.</p> <p>During observations at the day service on 11/29/11 from 12:16 PM until 1:30 PM</p>	W0210	<p>performed. Director of Human Resources will review personnel files to ensure that employees have received On the Job training.</p> <p>Completion Date: 12-23-2011</p> <p>W210: Within 30 days after admission the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Client #3's bed alarm has been discontinued (Attachment B). · Program Coordinator has been inserviced on proving on going assessments to meet client needs (Attachment H). 	12/23/2011	

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	<p>client #3 was observed in his program room. Client #3 was lying on the couch in his program room at 12:20 PM; not participating with the other clients. At 1:25 PM, client #3 was lying on the couch in his program room with his eyes closed.</p> <p>Review of the client's day program records on 11/29/11 12:45 PM indicated he had been asleep at day program on 11/02/11 in the afternoon. An entry in his record on 11/03/11 indicated the facility staff reported to day program staff client #3 had been "up all night" the previous night. Day program staff indicated in the 11/03/11 progress note client #3 slept all day, only getting up for breaks and lunch. Day program records indicated client #3 slept on 11/04, 08, 14, 16, 21, and 28/11 .</p> <p>Review on 11/30/11 at 1:45 PM of client #3's record indicated a risk plan for falls dated 10/18/11. The plan indicated a "bed alarm to be installed to alert staff when he is getting out of bed. Monitor has been placed in room to alter staff if he awaken (sic)."</p> <p>Staff #8 indicated on 11/29/11 at 6:10 AM client #3 did not sleep well at night.</p> <p>Interview with day services staff #12 and #13 on 11/29/11 at 12:40 PM indicated client #3 came to day program tired, slept</p>		<p>How we will identify others: Program Coordinators will review assessments to ensure that all have been completed and have an accurate assessment of client needs.</p> <p>Measures to be put in place: Program Coordinators will review assessment binders in home during completion of weekly checklists to ensure that all assessments are completed, available, and meet client needs.</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance will perform periodic service reviews to ensure that all assessments are completed, available, and are current in meeting client needs.</p> <p>Completion Date: 12-23-2011</p>		

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W0249	<p>during the day and sometimes required assistance walking when sleepy.</p> <p>Interview with staff #4 on 11/30/11 at 1:52 PM indicated client #3 had a bed alarm to alert staff to check on him when he got up due to his being at risk for falls. The interview indicated the bed alarm was pressure sensitive and would sound loudly if he repositioned himself in bed. Staff #4 indicated the bed alarm disturbed client #3's sleep at night and may contribute to his being sleepy during the day.</p> <p>Interview with administrative staff #14 on 11/30/11 at 2:25 PM indicated the methods used for alerting staff when client #3 was out of bed should be assessed to see if they contributed to the disruption in his sleep pattern.</p> <p>9-3-4(a) 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 3 of 4 sampled clients (#1, #2, and #4), the facility failed to ensure clients' training programs were implemented during formal and informal</p>	W0249	W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a	12/23/2011	

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	<p>training opportunities.</p> <p>Findings include:</p> <p>During observations at the facility on the morning of 11/29/11 from 5:50 AM until 8:30 AM the morning routine including the medication administration was observed. Staff #8 administered client #2's stool softener medication docusate without implementing training on 11/29/11 at 6:45 AM. Staff #8 administered client #1's medications without training on 11/29/11 at 6:50 AM. Staff #8 administered client #4's omeprazole (for gastro esophageal reflux disease/GERD) without training.</p> <p>Review on 11/29/11 at 9:30 AM of client #1's record indicated an Individual Support Plan/ISP dated 6/24/11. The ISP contained a daily training objective to place his medications into a medication cup.</p> <p>Review on 11/29/11 at 10:00 AM of client #2's record indicated an ISP dated 3/07/11. The ISP contained a training objective to identify his docusate during the morning medication administration.</p> <p>Review on 11/29/11 at 10:30 AM of client #4's record indicated an ISP dated 9/29/11. The ISP contained a training</p>		<p>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>Corrective action:</p> <ul style="list-style-type: none"> Staff have been inserviced on Active Treatment, Custodial care, and Medication Administration goals at each medication pass (Attachment G). <p>How we will identify others:</p> <p>Program Coordinators and Home Managers will perform Active Treatment observations (Attachment D) to ensure that active treatment is being provided and that Medication training is ongoing..</p> <p>Measures to be put in place:</p> <p>Active Treatment observations (Attachment D) will be conducted, at</p>		

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W0488	<p>objective to identify his omeprazole during the morning medication administration.</p> <p>Interview with staff #9 on 11/30/11 at 4:30 PM indicated staff should have been reinforcing medication goals during the medication administration.</p> <p>9-3-4(a)</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview for 4 of 4 clients (#1, #2, #3, and #4), and 3 additional clients (#5, #6 and #7), the facility failed to ensure clients were encouraged to participate in mealtime activities in accordance with their developmental capabilities.</p> <p>Findings include:</p>	W0488	<p>minimum weekly, by Home Manager or Program Coordinator to ensure that active treatment is being provided and medication training is implemented.</p> <p>Monitoring of Corrective Action:</p> <p>. Director of Supervised Group Living, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that Active Treatment is present and medication training is being provided per client's plan .</p> <p>Completion Date: 12-23-2011</p> <p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective action:</p> <p>. Staff have been inserviced on Active</p>	12/23/2011	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>The evening meal and its preparation was observed on 11/28/11 from 4:15 PM until 6:45 PM, staff #5 was observed to set the table instead of engaging clients in the activity. During the meal staff #7 poured client #3 more beverage and staff #5 turned on water in the sink, rinsed client #3's plate, dried it and opened the dishwasher for client #3. Staff #5 turned on the water faucet and adjusted the faucet for client #2 to rinse his plate instead of allowing him to do so. Client #4 began to rinse his dinner plate, but staff #5 used the sprayer on the plate and put it into the dishwasher. Staff #5 cleared client #1's dishes after the meal.</p> <p>Morning observations were conducted at the facility on 11/29/11 from 5:50 AM until 8:30 AM. Staff #8 was observed on 11/29/11 at 6:00 AM to be cooking Cream of Wheat cereal, toast, coffee and grape juice for clients. Staff #8 was observed to thicken beverages and coffee for clients #4 and #6. Staff #8 was observed to prepare toast by applying margarine, jelly and cutting it up for clients #1, #2, #3, #4, #5, and #6. Staff #8 pureed client #7's toast. At 6:15 AM on 11/29/11, staff #8 packed lunches for clients #1, #2, #3, #4, #5, #6, and #7. She took juice boxes and bottles of water and placed them into lunch boxes. She took</p>		<p>Treatment, Custodial care (Attachment G).</p> <p>How we will identify others: Program Coordinators and Home Managers will perform Active Treatment observations (Attachment D) to ensure that active treatment is being provided per each client's program plan.</p> <p>Measures to be put in place: Active Treatment observations (Attachment D) will be conducted, at minimum weekly, by Home Manager or Program Coordinator to ensure that active treatment is being provided per client's program.</p> <p>Monitoring of Corrective Action: . Director of Supervised Group Living, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in</p>		

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	<p>prepared (cut into bite sized pieces or quartered) sandwiches and cookies for clients #1, #2, #3, #4, #5, and #6 and placed them into the lunch boxes along with ice packs. Client #7's pureed meal was packed into a lunch container by staff #8.</p> <p>Review on 11/29/11 at 9:30 AM of client #1's record indicated an Individual Support Plan/ISP dated 6/24/11. The ISP indicated client #1 was not independent in mealtime skills.</p> <p>Review on 11/29/11 at 10:00 AM of client #2's record indicated an ISP dated 3/07/11. The ISP indicated client #2 was not independent in mealtime skills.</p> <p>Review on 11/30/11 at 1:45 PM of client #3's record indicated an ISP dated 10/18/11. The ISP indicated the client was not independent in mealtime skills.</p> <p>Review on 11/29/11 at 10:30 AM of client #4's record indicated an ISP dated 9/29/11. The client's ISP indicated he was not independent in mealtime skills.</p> <p>Review on 11/30/11 at 2:10 PM of client #6's record indicated a dining plan dated 9/21/11 which indicated the client was not independent in mealtime skills.</p>		<p>Class, to ensure that Active Treatment is provided for clients per program plan .</p> <p>Completion Date: 12-23-2011</p>		

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	<p>Interview with staff #9 on 11/30/11 at 4:30 PM indicated staff should be prompting clients #1, #2, #3, #4, #5, #6, and #7 to participate in mealtime activities such as setting and clearing the table, preparing and cutting up food, and preparing and packing their own lunches.</p> <p>9-3-8(a)</p>				