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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G193 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/10/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE<br>13711 BENNETTSVILLE RD<br>MEMPHIS, IN 47143 |
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| W000000            | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: October 7, 9 and 10, 2014.</p> <p>Facility Number: 000723<br/>Provider Number: 15G193<br/>Aim Number: 100234760</p> <p>Surveyor: Dotty Walton, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/17/14 by Ruth Shackelford, QIDP.</p>   | W000000       |  |                      |
| W000149            | <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>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 16 investigations reviewed, affecting 2 of 4 sampled clients (#1 and #2), and 2 additional clients (#8 and #9), the facility failed to ensure clients were not subject to abuse and neglect.</p> <p>Findings include:</p> | W000149       | <p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (specific):</b> The Residential Manager and direct care</p> | 11/09/2014           |

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>Review of facility Client Incident Reports, Investigations and Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 10/07/14 at 1:00 PM and on 10/09/14 at 10:30 AM indicated the following for clients #1, #2, #8, and #9:</p> <ol style="list-style-type: none"> <li>1. An investigation dated 12/19/13 indicated it was reported that clients were not attending work or medical appointments as needed and there were missing medications. The investigation determined some appointments had been missed (client #1) and clients #8 and #9 had not been attending workshop regularly, the missing medication allegation was not substantiated.</li> <li>2. An investigation dated 2/10/14 indicated staff #11 spoke inappropriately to client #2. The allegation of verbal abuse was substantiated and the staff was terminated.</li> <li>3. An investigation dated 2/18-21/14 indicated client #2 had been slapped by staff #12 and staff #12 had inappropriately restrained client #2 (sat on his chest). The allegation was substantiated and staff was terminated.</li> </ol> <p>An interview was conducted with</p> |               | <p>staff will be in-serviced on the abuse, neglect, exploitation policy.</p> <p><b>How others will be identified:</b><br/><b>(Systemic):</b> The Residential Manager will visit the site five times weekly to ensure staff is following the abuse, neglect, exploitation policy. The Clinical Supervisor will visit the site one time weekly to ensure the same.</p> <p><b>Measures to be put in place:</b> The Residential Manager and direct care staff will be in-serviced on the abuse, neglect, exploitation policy.</p> <p><b>Monitoring of Corrective Action:</b><br/>The Residential Manager will visit the site five times weekly to ensure staff is following the abuse, neglect, exploitation policy. The Clinical Supervisor will visit the site one time weekly to ensure the same.</p> <p><b>Completion date: 11/9/14</b></p> |                      |

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|                    | <p>administrative staff #3 on 10/09/14 at 11:00 AM. The interview indicated the agency's policy prohibits any form of (verbal/physical) abuse/neglect of clients served.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on 10/07/2014 at 2:00 PM. The review indicated the agency prohibited abuse and neglect of clients. The definitions were as follows:</p> <p>"A. Abuse---Physical<br/>Definition:<br/>1. The act or failure to act, that results or could result in physical injury to an individual.<br/>2. Non-accidental injury inflicted by another person or persons.</p> <p>B. Abuse---Verbal<br/>1. The act of insulting or profane language or gestures directed toward an individual that subject him or her to humiliation or degradation.<br/>2. Coarse, loud tone, or with language that is perceived by an individual as offending or threatening.....</p> <p>F. Neglect--Program<br/>Implementation/Intervention<br/>Definition:<br/>1. Failure to provide goods and/or</p> |               |   |                      |

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| W000369            | <p>services necessary for the individual to avoid physical harm.</p> <p>2. Intentional failure to implement a support plan, inappropriate application of intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>9-3-2(a)</p> <p>483.460(k)(2)<br/>DRUG ADMINISTRATION<br/>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.<br/>Based on observation, record review and interview for 1 of 34 medications observed (client #1), the facility failed to ensure all medications were administered without error.</p> <p>Findings include:</p> <p>On 10/09/14, staff #3 prepared client #1's medications which included levothyroxine 100 mcg./micrograms (hormone) and administered them at 6:32 AM.</p> | W000369       | <p><b>W369:</b> The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p><b>***ADDENDUM 11.10.14</b></p> <p><b>Corrective Action: (specific):</b> The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR).</p> | 11/09/2014           |

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|   | <p>Review of client #1's 10/14 Medication Administration Record/MAR and the medication label for the levothyroxine on 10/09/14 at 6:45 AM indicated client #1 was to receive levothyroxine at 6:30 AM "1/2 (one half) hour before A.M. meds (medications)."</p> <p>Interview with staff #2 on 10/09/14 at 6:50 AM indicated client #1 had issues with taking medications (would refuse) and although the levothyroxine was prescribed to be given at 6:30 AM before the client's 7:00 AM medications; this was not the best course for client #1. The interview indicated client #1 would refuse his morning medications if they were not given together. The interview indicated the client's medications should be discussed with his physician for timing changes.</p> <p>9-3-6(a)</p> |   | <p><b>How others will be identified:</b><br/><b>(Systemic):</b> The Residential Manager will be in the home ***at least five times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same. ***<br/><b>Nursing will visit the home at least weekly and observe medication administration to ensure that all medication administration policies and procedures are being followed and medications are administered without error.</b></p> <p><b>Measures to be put in place:</b> The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR).</p> <p><b>Monitoring of Corrective Action:</b><br/>The Residential Manager will be in the home ***at least five times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same. ***<br/><b>Nursing will visit the home at least weekly and observe medication administration to ensure that all medication administration policies and procedures are being followed and medications are administered without error.</b></p> <p><b>Completion date: 11/9/14</b><br/><b>***ADDENDUM 11.4.14</b></p> |                      |   |

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|   |  |   | <p><b>Corrective Action: (specific):</b><br/>The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR). <b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home three times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same. ***<br/><b>Nursing will visit the home at least weekly and observe medication administration to ensure that all medication administration policies and procedures are being followed and medications are administered without error.</b></p> <p><b>Measures to be put in place:</b><br/>The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR). <b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home three times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same. ***<br/><b>Nursing will visit the home at least weekly and observe medication administration to</b></p> |                      |   |

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|   |  |   | <p><b>ensure that all medication administration policies and procedures are being followed and medications are administered without error.</b><br/> <b>Completion date: 11/9/14</b><br/> W369: The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.<br/> <b>Corrective Action: (specific):</b><br/> The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR). <b>How others will be identified: (Systemic):</b> The Residential Manager will be in the home three times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same.<br/> <b>Measures to be put in place:</b><br/> The Residential Manager and direct care staff will be in-serviced on proper medication administration using the Medication Administration Record (MAR). <b>Monitoring of</b><br/> <b>Corrective Action:</b> The Residential Manager will be in the home three times weekly to ensure the medication administration protocol is being followed. The Clinical Supervisor will visit the home one time weekly to ensure the same.<br/> <b>Completion date: 11/9/14</b></p> |                      |   |

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| W000440   | <p>483.470(i)(1)<br/>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), and 3 additional clients (#5, #6 and #7), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel.</p> <p>Findings include:</p> <p>Fire evacuation drills from 10/06/13 until the time of the survey with clients #1, #2, #3, #4, #5, #6 and #7 as participants, were reviewed on 10/09/14 at 9:45 AM. The review indicated no sleeptime or dayshift drills for the fourth quarter of 2013, (October, November, December). Interview with House Manager staff #1 on 10/09/14 at 1:00 PM indicated no additional drills were in the facility but to check with the general office. There were no additional drill records for the facility for the above mentioned times.</p> <p>9-3-7(a)</p> | W000440   | <p><b>W440:</b> The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p><b>Corrective Action: (specific):</b> The Residential Manager and direct care staff will be in-serviced on completing evacuation drills according to policy and the evacuation drill schedule.</p> <p><b>How others will be identified: (Systemic):</b> The Clinical Supervisor will review the completed evacuation drills monthly to ensure that policy and the evacuation drill schedule are being followed.</p> <p><b>Measures to be put in place:</b> The Residential Manager and direct care staff will be in-serviced on completing evacuation drills according to policy and the evacuation drill schedule.</p> <p><b>Monitoring of Corrective Action:</b> The Clinical Supervisor will review</p> | 11/09/2014   |  |   |  |

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|   |  |   | the completed evacuation drills monthly to ensure that policy and the evacuation drill schedule are being followed.<br><br><b>Completion date: 11/9/14</b> |                      |   |