

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143
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W0000	<p>This visit was for an investigation of complaint #IN00119862.</p> <p>Compliant #IN00119862: Substantiated. Federal/state deficiencies related to the allegation(s) are cited at W240 and W448.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: December 3, 4, 5 and 7, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 004615 AIM Number: 200528230 Provider Number: 15G723</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/13/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), and 3 additional clients (D, E and F), the facility failed to ensure the clients' programs contained methods to employ regarding the clients' individual needs in regards to evacuating the facility in times of emergency.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 12/03/12 from 5:00 PM until 6:45 PM, clients A, B, C, D, E and F were home. Client A mobilized himself by means of an electric wheelchair. Client B used a walker/cane to assist in ambulation and had a manual wheelchair for use when he became tired or unsteady. Client C was observed to be non-verbal and required prompting to participate in activity. Client D walked about the facility wearing a hard shell helmet to protect himself from the possibility from falling during a seizure.</p> <p>A review of the facility's evacuation drills with clients A, B, C, D, E and F was conducted on 12/04/12 at 9:00 AM and indicated the following: -On 10/26/12 from 1:00 AM to 1:10 AM, a sleeptime evacuation drill was conducted with clients the six clients and one staff. The comment/response section on the drill form indicated clients A, C and D required physical prompting and clients B, E and F required verbal prompting. There was no information explaining why clients required ten minutes to evacuate the facility. There was no documentation the facility investigated the response time of ten minutes.</p>	W0240	<p>W 240: The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Corrective Action (Specific): All clients' assessments will be reviewed and revised if needed to ensure proper interventions are in place to move each individual toward independence. The program coordinator will be in-serviced on investigating all problems with drills and developing a plan to correct.</p> <p>How Others Will Be Identified (Systemic): The Operations Manager for Supported Group Living and Program Coordinator will review all individuals Program Plans and develop interventions to assist each client in moving toward independence, investigate all problems with drills and develop a plan to correct.</p> <p>Measures to be put in Place: All clients' assessments will be reviewed and revised if needed to ensure proper interventions are in</p>	01/06/2013			

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	<p>Review of client A's record on 12/04/12 at 2:00 PM indicated an Individual Support Plan/ISP dated 5/18/12. The ISP indicated the client's diagnosis included, but was not limited to, spastic quadriplegia and he used a motorized wheelchair for mobility. Interview with staff #3 on 12/03/12 at 6:15 PM indicated staff used a Hoyer Lift (mechanical device) to position client A from his motorized wheelchair to his bed or bathchair if only one staff was available. Client A required two staff to reposition him without the Hoyer Lift. The record review indicated no methodology (no level of prompting required) for staff to use with client A during fire evacuation drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Review of client B's record on 12/04/12 at 2:30 PM indicated an Individual Support Plan/ISP dated 12/02/11. The ISP indicated the client's diagnoses included, but were not limited to, seizures, brain injury and right side paralysis. He used a manual wheelchair and a left handed walker-cane (small walker held by one hand and used in cane fashion) for mobility. The record review indicated no methodology (no level of prompting required) for staff to use with client B during fire evacuation drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Review of client C's record on 12/04/12 at 3:00 PM indicated a Behavior Support Plan/BSP dated 11/08/12 and an ISP dated 8/22/12. The ISP and BSP indicated the client's diagnoses included, but were not limited to, Autism, Behavior Disorder and Communication Disorder. The record review indicated no methodology (no level of prompting</p>		<p>place to move each individual toward independence. The program coordinator will be in-serviced on investigating all problems with drills and developing a plan to correct.</p> <p>Monitoring of Corrective Action: The Operations Manager will conduct random visits to the home during drills to see how they are being conducted, ensure that all problems have been investigated by the program coordinator and a plan has been developed to correct.</p> <p>Completion Date: January 06, 2013</p>				

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	<p>required) for staff to use with client C during fire evacuation drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Review of client D's record on 12/04/12 at 3:30 PM indicated a BSP dated 7/24/12 and an ISP dated 4/27/12. The ISP and BSP indicated the client's diagnoses included, but were not limited to, Cerebral Palsy, Seizure Disorder. The client wore a seizure helmet except when sleeping or bathing. The record review indicated no methodology (no level of prompting required) for staff to use with client D during fire evacuation drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Review of client E's record on 12/04/12 at 4:00 PM indicated a BSP dated 10/21/12 and an ISP dated 10/16/12. The ISP and BSP indicated the client's diagnoses included, but were not limited to, ADHD (Attention Deficit Hyperactivity Disorder) and IED (Intermittent Explosive Disorder). The record review indicated no methodology (no level of prompting required) for staff to use with client E during fire evacuation drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Review of client F's record on 12/04/12 at 4:00 PM indicated a BSP dated 10/21/12 and an ISP dated 10/16/12. The ISP and BSP indicated the client's diagnoses included, but were not limited to, ADHD (Attention Deficit Hyperactivity Disorder) and IED (Intermittent Explosive Disorder). The record review indicated no methodology (no level of prompting required) for staff to use with client F during fire evacuation</p>			

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	<p>drills. There was no information in regards to staffing levels required for safe evacuation or what a single staff would do in times of emergency.</p> <p>Interview with staff #3 on 12/03/12 at 6:15 PM indicated the clients' ISPs/BSPs contained no methods for staff to use in regards to evacuating the premises during an emergency. There was no indication what adaptive equipment to use, what prompt levels were required and how many staff were needed to evacuate the clients in time of an emergency in a timely manner.</p> <p>This federal tag relates to complaint #IN00119862.</p> <p>9-3-4(a)</p>			

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients (A, B and C), and 3 additional clients (D, E and F), the facility failed to investigate issues noted during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills with clients A, B, C, D, E and F was conducted on 12/04/12 at 9:00 AM and indicated the following:</p> <p>-On 10/26/12 from 1:00 AM to 1:10 AM, a sleeptime evacuation drill was conducted with clients the six clients and one staff. The comment/response section on the drill form indicated clients A, C and D required physical prompting and clients B, E and F required verbal prompting. There was no information explaining why clients required ten minutes to evacuate the facility. There was no documentation the facility investigated the response time of ten minutes.</p> <p>An interview with the Home Manager/Program Coordinator/PC was conducted on 12/04/12 at 9:30 AM. The PC indicated client C sometimes refused to evacuate and required extra time to evacuate. The interview indicated clients A and B used their wheelchairs to evacuate. The interview indicated the issues with the length of time needed to evacuate had not been assessed.</p> <p>This federal tag relates to complaint #IN00119862.</p> <p>9-3-7(a)</p>	W0448	<p>W448: The facility must investigate all problems with evacuation drills, including accidents.</p> <p>Corrective Action- (Specific): The program coordinator will be in-serviced on investigating all problems with drills and developing a plan to correct.</p> <p>How others will be identified: (Systemic): The Operations Manager and Program Coordinator will review assessments of the client's to identify any concerns regarding exiting the home safely. If concerns are identified a plan will be implemented specific to that client.</p> <p>Measures to be put in place: The program coordinator will be in-serviced on investigating all problems with drills and developing a plan to correct</p> <p>Monitoring of Corrective Action: The Operations Manager will conduct random visits to the home during drills to see how they are being conducted, ensure that all problems have been investigated by the program coordinator and a plan has been developed to correct.</p> <p>Completion Date: January 06, 2013</p>	01/06/2013			

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W9999	<p>STATE FINDINGS</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5, and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 employee records reviewed (staff #7), to obtain 3 complete references, a criminal history check and a bureau of motor vehicle check prior to staff #7 working with clients A, B, C, D, E and F.</p> <p>Findings include:</p> <p>Staff #7's employee records were reviewed on 12-03-12 at 3:05 PM. A review of the records failed to show 3 references were obtained, there was no criminal history check and no bureau of motor vehicle check.</p> <p>During observations at the facility on 12/03/12</p>	W9999	<p>W9999: The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met</p> <p>Corrective Action- (Specific): All new employees will have the appropriate references, criminal history check and bureau of motor vehicles checks completed.</p> <p>How others will be identified: (Systemic): The Human Resources Director will ensure that all new staff has the appropriate references, criminal history check and bureau of motor vehicles checks completed.</p> <p>Measures to be put in place: All new employees will have the appropriate references, criminal history check and bureau of motor vehicles checks completed.</p> <p>Monitoring of Corrective Action: The Operations Manager will consult with the Human Resources Director to ensure that all new staff have appropriate references, criminal history check and bureau of motor vehicles checks completed.</p> <p>Completion Date: January 06, 2013</p>	01/06/2013			

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	<p>from 5:00 PM until 6:45 PM, staff #7 was working at the facility with clients A, B, C, D, E and F.</p> <p>Human Resources staff #10 indicated on 12/03/12 at 4:21 PM the criminal history check, three references and a bureau of motor vehicle check had not yet been done for facility staff #7.</p> <p>9-3-2(c)(3)</p>				