

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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W 0000 Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of survey: June 9, 10 and 11, 2015.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to reassess client #3 in regards to the need for a surrogate to assist him in making informed choices and decisions.</p> <p>Findings include:</p>	W 0210	<p>W210: Individual Program Plan: 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>	07/11/2015

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>Client #3's record was reviewed on 6/11/15 at 8:30 AM. The record contained an Individual Support Plan/ISP dated 10/14. The ISP indicated client #3 was not independent in mealtime skills, was at risk for choking, was not independent in money management, required reminders to complete hygiene task of handwashing and required supervision during bathing because of his diagnosis of Tonic/Clonic seizures.</p> <p>Client #3's Comprehensive Functional Assessment/CFA dated 10/11/14 indicated an Informed Consent Assessment component which had been filled out by former house manager staff #2. The record contained an undated ICA/Informed Consent Assessment. The ICA assessed the client's ability to make informed choices and demonstrate understanding in money management, medical issues, programming, behavioral issues and sexual awareness. In all categories, it had been determined client #3 was not independent and required a guardian. The help of a Health Care Representative/HCR had not been considered during the assessment. At the time of the survey, client #3 did not have a HCR or other surrogate to help him make informed choices and protect his rights.</p>		<p>Corrective action:</p> <ul style="list-style-type: none"> The QIDP/QIDP designee will convene client 3's IDT to review and revise client #3's informed consent assessment in regards to client #3's needs for a legal representative and/or health care representative in regards to client #3's abilities to make informed choices and decisions in the areas of medical issues, money management, programming, behavioral issues and sexual awareness. (Attachment A) The QIDP/QIDP designee will convene client #3's IDT to discuss obtaining and ensuring a legally sanctioned representative or health care representative to assist client #3 when making informed decisions in regards to medical and psychological needs. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> QIDP or designee will complete the informed assessment annually reviewing quarterly for needed revisions. QIDP or designee will review with IDT any identified changes to assessed skill set quarterly. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Residential Manager will 		

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	<p>Interview with Qualified Intellectual Disabilities Professional designee/QIDP-d #1 on 6/10/15 at 12:00 PM indicated client #3 did not have a guardian, HCR or surrogate to assist him in making informed choices and decisions. Interview with QIDP #1 on 6/11/15 at 3:35 PM indicated the client required help in making informed choices in some areas (behavior medications, medical procedures and finances). The interview with the QIDP indicated client #3 could self advocate in regards to programming for basic skill acquisition and activities of daily life (domestic chores, hygiene and mealtime skills). The interview indicated client #3 required some level of assistance with decisions but another assessment should be completed to ascertain the exact level of assistance which would be in client #3's best interest (guardian, HCR or advocate).</p> <p>9-3-4(a)</p>		<p>conduct monthly staff meetings for the purpose of reviewing annual assessments to review with QIDP or designee accuracy of assessments.</p> <ul style="list-style-type: none"> Residential Manager will conduct monthly staff meetings for the purpose of reviewing quarterly assessments of individuals to discuss with QIDP or designee any changes. <p>Monitoring of Corrective Action:</p> <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Residential Manager will conduct monthly staff meetings for the purpose of reviewing annual assessments to review with QIDP or designee accuracy of assessments. Residential Manager will conduct monthly staff meetings for the purpose of reviewing quarterly assessments of individuals to discuss with QIDP or designee any changes. Clinical Supervisor, Program Manager, QIDP, Nurse Manager and or appropriate parties will conduct periodic reviews to ensure medical appointments are current and up to date. Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will 		

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W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients who used drugs for inappropriate behavior, (#3), the facility failed to ensure the use of the behavior drug (Lexapro) was included in the client's plans.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 6/10/15 at 8:30 AM. His 6/15 MAR (Medication Administration Record)</p>	W 0312	<p>perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</p> <p>Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</p> <p>Completion Date: 7/11/2015</p> <p>W312: Drug Usage: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors to which the drugs are employed.</p> <p>Corrective Action:</p> <p>The Clinical Supervisor/QIDP</p>	07/11/2015

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	<p>indicated a generic form of the anti-depressant drug Lexapro (escitalopram) 10 mg/milligrams was prescribed daily for behavior management. Client #3's record review indicated a BSP/Behavior Support Program dated 10/11/14; the BSP did not contain the use of escitalopram as a behavioral medication.</p> <p>An interview with staff #1 was conducted on 6/10/15 at 12:15 P.M. The interview indicated the 10/11/14 BSP was the most current; the reason the medication was not included in the BSP was unknown.</p> <p>9-3-5(a)</p>		<p>will provide training to the QIDP designee in regards to the use of behavior modification medications to ensure all behavior modification medications are included in the individual BSP. (Attachment B)</p> <ul style="list-style-type: none"> · The QIDP or designee will revise client #3's BSP to include the use of Lexapro in client #3's plan of care.(Attachment C) · The QIDP or designee will in-service direct care staff of the revision to include Lexapro in client #3's BSP. (Attachment D)) <p>How we will identify others:</p> <ul style="list-style-type: none"> · QIDP or designee will monitor behavior modification programs monthly to ensure all behavior modification medications are included in BSP. · QIDP/Clinical Supervisor will review plans quarterly to ensure behavior modification medications are included in each BSP. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · QIDP or designee will monitor behavior modification programs monthly to ensure all behavior modification medications are 	

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			<p>included in BSP.</p> <ul style="list-style-type: none"> Clinical Supervisor/QIDP will review plans quarterly to ensure behavior modification medications are included in each BSP. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> QIDP or designee will monitor behavior modification programs monthly to ensure all behavior modification medications are included in BSP. Clinical Supervisor/QIDP will review plans quarterly to ensure behavior modification medications are included in each BSP. Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law. Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>Completion Date: 7/11/2015</p>	

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

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