

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G262	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/26/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 SUNSHINE LN JEFFERSONVILLE, IN 47130
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W000000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 22, 24, 25, and 26, 2014.</p> <p>Facility Number: 000782 Provider Number: 15G262 AIMS Number: 100248980</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/6/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), the facility's Governing Body failed to exercise general policy and operating direction over the facility by failing to keep the home in good repair.</p>	W000104	<p><b>W104:</b> The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p><b>Corrective Action: (specific):</b> The</p>	10/26/2014

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>Findings include:</p> <p>During observations on 9/22/14 from 4:00 PM until 6:00 PM, clients #1, #2, #3, #4, #5, #6, #7 and #8 were observed to live in the facility.</p> <p>An environmental tour of the facility on 9/24/14 at 10:00 AM indicated the bedroom used by clients #4 and #6 had barren, soiled walls with nail holes. The room was not decorated with personal items. The common living area shared by all clients (living, room, dining room, kitchen) had walls which were scuffed and in need of paint.</p> <p>Interview with staff #1, Residential Manager, on 9/24/14 at 2:30 PM indicated the facility's common living areas had not been painted in the last 8 years.</p> <p>9-3-1(a)</p>		<p>living room, dining room, kitchen and client #4 and #6 bedrooms will have nail holes repaired and will be painted. Client #4 and #6 will be assisted with decorating room to personal choice. The residential manager will be in-serviced on timely submission of maintenance requests as issues are identified, making sure that the home remains in good repair and that all client rooms are decorated with items if their personal choice.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The residential manager will complete an environmental checklist monthly, turn the completed checklist into the clinical supervisor and submit any maintenance requests for identified issues. The clinical supervisor will verify the monthly checklist that is submitted by the residential manager by making at least a monthly visit to the home to ensure that all issues are addressed timely.</p> <p><b>Measures to be put in place:</b> The living room, dining room, kitchen and client #4 and #6 bedrooms will have nail holes repaired and will be painted. Client #4 and #6 will be assisted with decorating room to personal choice. The residential manager will be in-serviced on timely submission of maintenance</p>				

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Based on observation, record review and interview for 1 of 4 sampled clients (#4),</p>	W000242	<p>requests as issues are identified, making sure that the home remains in good repair and that all client rooms are decorated with items if their personal choice.</p> <p><b>Monitoring of Corrective Action:</b> The residential manager will complete an environmental checklist monthly, turn the completed checklist into the clinical supervisor and submit any maintenance requests for identified issues. The clinical supervisor will verify the monthly checklist that is submitted by the residential manager by making at least a monthly visit to the home to ensure that all issues are addressed timely.</p> <p><b>Completion date: 10/26/14</b></p> <p><b>W242:</b> The Individual Program</p>	10/26/2014	

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	<p>the facility failed to ensure client #4 received training in the basic skill areas of dressing, toileting, oral hygiene and bathing.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 9/22/14 from 4:00 PM until 6:00 PM, on 9/24/14 from 6:00 AM until 9:30 AM and 11:30 AM until 3:30 PM. During all observations, client #4 was observed to wear incontinent briefs and required staff assistance to be prompted to use the bathroom facilities. During the observations, client #4 was bathed by staff #2 who used verbal and physical prompting to complete the task. Client #4 also required verbal and physical prompting to complete toothbrushing from staff #2.</p> <p>Client #4's record was reviewed on 9/24/14 at 2:08 PM. The record indicated client #4 had an ISP/Individual Support Plan dated 11/30/13. The ISP contained no training objectives for oral hygiene, dressing, bathing or toileting. The record review indicated no assessment which indicated client #4 was developmentally incapable of being toilet trained.</p> <p>Interview with staff #1, Residential</p>		<p>Plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p><b>Corrective Action: (specific):</b> The QIDP will be in-serviced on completing the annual comprehensive functional assessments at least yearly to determine what the programming needs are of the individual to assist with goal development for the Individual Support Plan. The QIDP will then in-service the Residential Manager and Staff on the goals and how to implement them with each consumer. Client #4 will have a comprehensive functional assessment completed and goals developed based on results.</p> <p><b>How others will be identified: (Systemic):</b> All other clients in the home will have their comprehensive functional assessment and goals reviewed and any revisions needed will be completed and implemented. The QIDP will review all client's comprehensive functional</p>				

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	<p>Manager on 9/24/14 at 2:51 PM indicated client #4's CFA/Comprehensive Functional Assessment was not available for review to ascertain client #4's developmental capabilities. The interview indicated the ISP contained no training for dressing, toothbrushing, toileting or bathing. The interview indicated client #4's lack of toileting training was a barrier to him being accepted at a day program. The interview indicated client #4 required staff assistance to accomplish these adult daily living tasks.</p> <p>9-3-4(a)</p>		<p>assessments and goals at least quarterly to ensure that all goals required are in place as indicated by the results of the assessments. Revisions will be made as necessary and implemented.</p> <p><b>Measures to be put in place:</b> The QIDP will be in-serviced on completing the annual comprehensive functional assessments at least yearly to determine what the programming needs are of the individual to assist with goal development for the Individual Support Plan. The QIDP will then in-service the Residential Manager and Staff on the goals and how to implement them with each consumer. Client #4 will have a comprehensive functional assessment completed and goals developed based on results.</p> <p><b>Monitoring of Corrective Action:</b> All other clients in the home will have their comprehensive functional assessment and goals reviewed and any revisions needed will be completed and implemented. The QIDP will review all client's comprehensive functional assessments and goals at least quarterly to ensure that all goals required are in place as indicated by the results of the assessments. Revisions will be made as necessary</p>		

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W000312	<p>483.450(e)(2) 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 for which the drugs are employed. Based on record review and interview for 1 of 3 sampled clients who received behavior controlling drugs (#3), the facility failed to ensure the drug naltrexone (for behavior) was included in the client's BSP/Behavior Support Plan which included withdrawal criteria.</p> <p>Findings include:</p> <p>Review of client #3's record on 9/24/14 at 8:45 AM, indicated he had a 3/10/14 BSP which contained the use of the antipsychotic drug naltrexone 50 mg/milligrams daily for behavior</p>	W000312	<p>and implemented.</p> <p>Completion date: 10/26/14</p> <p><b>W312:</b> 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 an eventual elimination of the behaviors for which the drugs are employed.</p> <p><b>Corrective Action: (specific):</b> The QIDP will be in-serviced on ensuring the Behavior Support Plan is revised and updated as medication changes occur throughout the year. In addition the QIDP will be in-serviced</p>	10/26/2014
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	<p>management. The use of the naltrexone and withdrawal criteria for it were not included in the BSP.</p> <p>Interview with staff #1, Residential Manager on 9/24/14 at 2:50 PM indicated client #3's BSP had not been revised to include the use of naltrexone and client #3 had received the medication since his admission in February of 2010.</p> <p>9-3-5(a)</p>		<p>that all medication withdrawal criteria associated with each medication will be added to the plan. Client #3's BSP will be revised to include the Naltrexone and the withdrawal criteria.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> All other clients BSP's will be reviewed along with current prescribed psychotropic medications to ensure that all medications and withdrawal criteria are included in their plans. The QIDP attends all psychiatrist appointments, completes an IDT that includes all medication changes and receives any approvals needs from the guardian and HRC. The QIDP will then make necessary revisions to the Behavior Support Plan to include the changes in medication, possible side effects and withdrawal criteria.</p> <p><b>Measures to be put in place:</b> The QIDP will be in-serviced on ensuring the Behavior Support Plan is revised and updated as medication changes occur throughout the year. In addition the QIDP will be in-serviced that all medication withdrawal criteria associated with each medication will be added to the plan. Client #3's BSP will be revised to include the Naltrexone and the withdrawal criteria.</p>				

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W000362	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 4 of 4 sampled clients, (clients #1, #2, #3 and #4), to provide evidence the pharmacist reviewed their medications on a quarterly basis.	W000362	<b>Monitoring of Corrective Action:</b> All other clients BSP's will be reviewed along with current prescribed psychotropic medications to ensure that all medications and withdrawal criteria are included in their plans. The QIDP attends all psychiatrist appointments, completes an IDT that includes all medication changes and receives any approvals needs from the guardian and HRC. The QIDP will then make necessary revisions to the Behavior Support Plan to include the changes in medication, possible side effects and withdrawal criteria.  <b>Completion date: 10/26/14</b>  <b>W362:</b> A pharmacist with input from the interdisciplinary team must reviews the drug regimen of each client at least quarterly.  <b>Corrective Action: (Specific):</b> The consulting pharmacy has been	10/26/2014	

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	<p><b>Findings include:</b></p> <p>Client #1's record was reviewed on 9/24/14 at 12:32 PM. The record indicated client #1 received daily medications for behavior management, gout, hypertension and supplements. The record review indicated the last pharmacist's review of client #1's medications was on 10/16/13. There was no more evidence to indicate a pharmacist's review of client #1's medications for potential side effects or drug interactions.</p> <p>Client #2's record was reviewed on 9/24/14 at 11:55 AM. The record indicated client #2 received daily medications for seizure management and bowel aids. The record review indicated the last pharmacist's review of client #2's medications was on 10/16/13. There was no more evidence to indicate a pharmacist's review of client #2's medications for potential side effects or drug interactions.</p> <p>Client #3's record was reviewed on 9/24/14 at 8:45 AM. The record indicated client #3 received daily medications for behavior management and supplements. The record review indicated the last pharmacist's review of client #3's medications was on 10/16/13.</p>		<p>contacted to complete pharmacy reviews of current medication regimen on client's #1,2,3 and 4 as well as all other consumers in the home. The nurse and the residential manager will be in-serviced on the ensuring that pharmacy reviews are completed at least quarterly for all clients.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The nurse and the residential manager will review all clients' pharmacy reviews of medication regimens to ensure that there is a quarterly review in place. The nurse will review all client pharmacy medication reviews at least monthly to ensure that medication reviews are being completed timely by the pharmacist. The Nursing Manger will review client records at least quarterly to ensure that all clients have a review of medication regimen completed by the pharmacist at least quarterly.</p> <p><b>Measures to be put in place: ):</b> The consulting pharmacy has been contacted to complete pharmacy reviews of current medication regimen on client's #1,2,3 and 4 as well as all other consumers in the home. The nurse and the residential manager will be in-serviced on the ensuring that pharmacy reviews are completed at least quarterly for all</p>				

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W009999	<p>There was no more evidence to indicate a pharmacist's review of client #3's medications for potential side effects or drug interactions.</p> <p>Client #4's record was reviewed on 9/24/14 at 2:08 PM. The record indicated client #4 received daily medications for behavior management, seizures, and bowel aids. The record review indicated the last pharmacist's review of client #4's medications was on 10/16/13. There was no more evidence to indicate a pharmacist's review of client #4's medications for potential side effects or drug interactions.</p> <p>The Residential Manager (staff #1) was interviewed on 9/24/14 at 2:50 PM. She indicated there was nothing signed or dated by a pharmacist to indicate a review of clients #1, #2, #3 and #4's medications by a pharmacist for potential side effects or drug interactions.</p> <p>9-3-6(a)</p>		<p>clients.</p> <p><b>Monitoring of Corrective Action:</b> The nurse and the residential manager will review all clients' pharmacy reviews of medication regimens to ensure that there is a quarterly review in place. The nurse will review all client pharmacy medication reviews at least monthly to ensure that medication reviews are being completed timely by the pharmacist. The Nursing Manger will review client records at least quarterly to ensure that all clients have a review of medication regimen completed by the pharmacist at least quarterly.</p> <p><b>Completion date: 10/26/14</b></p>		

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	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (#4).</p> <p>Findings include:</p>	W009999	<p><b>W9999:</b> The provider shall obtain day services for each resident which:</p> <p>1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers;</p> <p>2) meet the residents active treatment needs set forth in the residents individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p><b>Corrective Action: (Specific):</b> Day Service Providers will be contacted and an intake packet completed for client #4 so he can begin attending outside day services that meet his active treatment needs set forth in his individual program plan. The Residential Manager and the QIDP will be in-serviced on making contact with an outside day service provider and completing an intake packet for all new admissions to ensure that all clients are receiving outside day services.</p> <p><b>How others will be identified: (Systemic):</b> Upon admission the QIDP and/or the residential manager will contact local day service providers to obtain and complete an intake packet for all new admissions so that outside day services can be secured. The Clinical Supervisor</p>	10/26/2014			

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	<p>Clients #4 and #5 were observed at the facility on 9/24/14 from 11:30 AM until 3:30 PM. Client #5 attended workshop on a limited, flexible, retirement like schedule. Client #4 did not and had not attended day services since his admittance to the facility on 11/30/2012. Client #4 did not go to the workshop or any other outside day program. No alternative day service was observed to be provided.</p> <p>An interview with staff #1, Residential Manager/RM, was conducted on 9/24/14 at 2:05 P.M. The RM indicated client #4 had been identified as being appropriate for the agency provided day program which had not yet been implemented as planned in the facility's area. The interview indicated client #4 did not have any type of outside day services.</p> <p>9-3-4(b)(1)(2)</p>		<p>will review all new admission documentation to ensure that an intake packet is completed and provided to outside day service providers timely.</p> <p><b>Measures to be put in place</b> Day Service Providers will be contacted and an intake packet completed for client #4 so he can begin attending outside day services that meet his active treatment needs set forth in his individual program plan. The Residential Manager and the QIDP will be in-serviced on making contact with an outside day service provider and completing an intake packet for all new admissions to ensure that all clients are receiving outside day services.</p> <p><b>Monitoring of Corrective Action:</b> Upon admission the QIDP and/or the residential manager will contact local day service providers to obtain and complete an intake packet for all new admissions so that outside day services can be secured. The Clinical Supervisor will review all new admission documentation to ensure that an intake packet is completed and provided to outside day service providers timely.</p>				

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

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