

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/09/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 MOSCOW RD GREENSBURG, IN 47240
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W 000  Bldg. 00	<p>This visit was for the PCR (Post Certification Revisit) to a PCR completed on 3/4/15 to an extended annual recertification and state licensure survey completed on 1/20/15.</p> <p>This visit was done in conjunction with a PCR to the investigation of complaint #IN00165421 completed on 3/4/15.</p> <p>Dates of Survey: 4/8/15 and 4/9/15</p> <p>Facility Number: 001023 Provider Number: 15G509 AIMS Number: 100245150</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9.</p>	W 000		
W 436  Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p>			

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>Based on observation, record review and interview for 4 of 7 clients with adaptive equipment, the facility failed to ensure clients A, B and F were furnished with new wheelchairs and clients A and C with new hearing aids.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/8/15 from 4:09 PM through 5:45 PM and 4/9/15 from 6:20 AM through 7:45 AM. Clients A, B, C and F were observed in the home throughout the observation periods. Client A was a large young woman who required a wheelchair for mobility. Client A's hips and legs overfilled the wheelchair. Client A's legs were large and short and dangled without support while sitting in her wheelchair. The foot pedals were attached to the wheelchair but provided no support for client A's lower extremities or feet. Throughout the observation period client A had difficulty hearing and asked multiple times for things to be repeated because she could not hear.</p> <p>Client B utilized a manual wheelchair with a lap belt for ambulation. Client B had body tremors and was unable to maintain her body position in the wheelchair. Client B's buttocks/trunk slid</p>	W 436	<p><b>W436:</b> The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by client.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· All staff has been in serviced to ensure all clients adaptive equipment is being utilized per client's plans. <b>(Attachment A)</b></li> <li>· Residential Manager has been in serviced on the correct procedure for replacement of adaptive equipment <b>(Attachment A)</b></li> <li>· Client A Wheelchair was delivered by National Seating and Mobility on 4-17-15. <b>(Attachment B)</b></li> <li>· Client A picked up hearing aid on 4-24-15 from Sound and Hearing. <b>(Attachment C)</b></li> <li>· Client C had appointment on 4-24-15 for mold impressions for new hearing aids. Estimated 1 to 2 weeks for delivery. <b>(Attachment D)</b></li> <li>· Client B had appointment with PCP on 3-17-15 and received an order for a manual wheelchair. Order has been faxed to National Seating and Mobility to start the ordering process. <b>(Attachment E)</b></li> <li>· Client F has an appointment with PCP on 5-4-15 to get progress notes to send to National Seating and Mobility for new wheelchair.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Residential Managers will review adaptive equipment checklist to</li> </ul>	05/09/2015

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	<p>or moved in a forward position toward the front of the wheelchair. Client B's wheelchair had a fastened seat belt which prevented client B from falling out of the chair.</p> <p>Client C did not wear/utilize hearing aids throughout the observation periods. Throughout the observation periods client C had difficulty hearing and asked multiple times for things to be repeated because she could not hear.</p> <p>Client F utilized a manual wheelchair with a lap belt for ambulation. Client F's wheelchair's left arm rest was wrapped in tape due to the vinyl/cushioning being damaged and missing.</p> <p>1. Client A's record was reviewed on 4/9/15 at 8:33 AM. Client A's record indicated diagnoses of, but not limited to: Paraplegia, Spina Bifida/Myelomeningocele (a birth defect in which the backbone and spinal canal do not close before birth) and Bilateral hearing loss.</p> <p>Client A's IDT (Interdisciplinary Team) meeting notes indicated the following: -1/28/15 "Discussed with the team the ongoing issue to [client A's] feet. A new wheelchair has been ordered and the make up of the new chair will better</p>		<p>ensure documentation is present and will review, inspect all adaptive equipment to ensure that they are available for client use and in good repair.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting.</li> <li>A weekly Residential Manager checklist has been in-serviced to include a weekly adaptive check.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review Adaptive Equipment checklist monthly to ensure that all equipment is maintained and in good working order.</li> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date: 5-9-15</b></p>	

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	<p>protect her feet as she moves about her home."</p> <p>-2/9/15 "[Client A] was in her wheelchair/scooter (and) came down the hallway headed to the living room, as she rounded the corner her foot hit the wall and ripped a tiny scab off her foot. First Aid was applied. Staff put a blanket on her foot to keep it cushioned. Staff will continue to monitor and follow all risk plans in place. New wheelchair has been ordered. Its design will protect her feet. Padding is being placed on all doorways in the home that [client A] navigates through."</p> <p>Client A's Nursing Progress Note dated 3/9/15 indicated client A had an audiologist evaluation on 3/4/15 with a prescription for new hearing aids.</p> <p>2. Client B's record was reviewed on 4/9/15 at 8:53 AM. Client B's OT (Occupational Therapy) form dated 5/6/12 indicated, "[Client B] presented seated in a standard sling back and seat wheelchair. [Client B] had slid forward in her chair and was restrained successfully by a lap seatbelt. [Client B] presented with right neck and trunk lateral flexion while up in the chair. [Client B] required maximum assistance to reposition herself upright in a chair. [Client B] has</p>			

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	<p>difficulty holding her head up against gravity."</p> <p>Client B's Medical Consult Doctor's Orders and Progress Notes (MCDOPN) form dated 8/1/12 indicated, "[Client B] may benefit from a wheelchair assessment particularly as her posture, head and trunk control changes."</p> <p>Client B's PT (Physical Therapy) evaluation form dated 3/17/15 indicated, "Prescription for new wheelchair."</p> <p>3. Client C's record was reviewed on 4/9/15 at 8:53 AM. Client C's Medical Consult Doctor's Orders and Progress Notes form dated 8/27/14 indicated, "Heavy wax each ear. Lost aids. Need replaced."</p> <p>4. Client F's record was reviewed on 4/9/15 at 9:05 AM. Client F's MCDOPN form dated 3/30/15 indicated a physicians order for a wheelchair evaluation.</p> <p>PM (Program Manager) #1 was interviewed on 4/9/15 at 8:45 AM. PM #1 indicated client A's wheelchair and hearing aids were in the process of being replaced but had not yet arrived. PM #1 indicated client B had been evaluated and prescribed a new wheelchair on 3/17/15. PM #1 indicated the facility was in the</p>			

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W 999  Bldg. 00	<p>process of obtaining a new wheelchair for client B. PM #1 indicated client C's hearing aids were in the process of being replaced but had not yet arrived. PM #1 indicated client F's wheelchair was in the process of being replaced but had not yet arrived.</p> <p>This deficiency was cited on 3/4/15 and 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>	W 999	N/A	05/09/2015	