

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/20/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for a post-certification revisit (PCR) survey to the extended recertification and state licensure survey completed on 6/7/12.</p> <p>Dates of Survey: 7/17, 7/18 and 7/20/12</p> <p>Facility Number: 000936 Provider Number: 15G422 AIMS Number: 100244610</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>This federal deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 7/23/12 by Ruth Shackelford, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who resided in the home, the governing body failed to exercise general budget and operating direction over the group home to ensure windows/sills were replaced that contained a black substance/mold.</p> <p>Findings include:</p> <p>During the 7/17/12 observation period between 3:25 PM and 5:35 PM at the group home of clients #1, #2, #3, #4, #5, #6, and #7, a black substance was seen on the 2 windows in the dining room around the window casings and/or the window sills of the white vinyl part of the windows. At 4:25 PM, a black substance was seen on 2 windows located in client #6 and #7's bedroom. The black substance was seen on the inside of the white vinyl window casings and/or around the window sills of the windows.</p> <p>The facility's Plan of Correction (POC) to the annual survey was reviewed on 7/17/12 at 1:20 PM. The facility's POC did not indicate the governing body addressed the black substance/mold when</p>	W0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the maintenance team has evaluated the persistent and recurrent mold in the facility windows has resulted from cracks in the seals of the windows. Therefore the windows in need of repair will be replaced.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need submit requests for repairs upon discovery of maintenance needs, as well as the need to conduct ongoing assessments of the home's environment to identify maintenance and safety issues. Members of the Quality Assurance and Operations Teams will periodically perform home environment audits and on ongoing basis to assure appropriate upkeep occurs at the facility and to assist with expediting purchases as appropriate. Operations and Quality Assurance Team visits to the facility will occur as needed but no less than monthly.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/19/2012			

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	<p>cited on 6/7/12.</p> <p>Interview with administrative staff #1 and the Program Coordinator (PC) on 7/18/12 at 3:11 PM indicated the black substance on the windows was mold. The PC indicated the group home was continuing to have a mold problem. The PC indicated the windows had been cleaned prior to the survey. The PC stated "Persistent cleaning is not helping." The PC indicated maintenance staff told her on 7/18/12, the windows and/or window sills would need to be replaced. Administrative staff #1 stated "We will have to pursue further."</p> <p>This deficiency was cited on 6/7/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>				