

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G594	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/06/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1412 CLOVER ST MOUNT VERNON, IN 47620
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W 000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: February 2, 3, 4, 5 and 6, 2015.</p> <p>Provider Number: 15G594 AIMS Number: 100245590 Facility Number: 001108</p> <p>Surveyor: Glenn David, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed February 20, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview of 1 of 2 additional clients (client #4), the facility failed to implement written policies and procedures to prohibit neglect of the client regarding staff who had falsified blood glucose readings. In a separate incident, based on record review and interview, 2 of 3 sampled clients</p>	W 149	<p><b>W149-</b></p> <p>-The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>	03/08/2015

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>(clients #1 and #2), 1 additional client (client #4) and 1 former client (client #6) were left unattended in an idling vehicle while staff went into the Day Program.</p> <p>Findings include:</p> <p>1) During client #4's record review on 2/4/15 at 2:05 PM, an Incident Initial Report to the Bureau of Development Disabilities Services (BDDS) sent 5/27/14 at 5:00 PM, indicated client #4 reported to the nurse that staff had been taking client's blood sugar and recording a different number than what the meter reads."</p> <p>The investigative summary contained within the BDDS report, indicated "on 5/29/14 at approximately 4:09 PM, client #4 was interviewed and indicated she does not know of staff taking her blood sugar and writing down the wrong number. [Client #4] indicated that she did not tell the nurse that it was low, but told her the sugar was low when the staff took it. [Client #4] indicated she does not remember what staff member...[client #4] indicated she thinks the blood sugar was 61 and 59 one day, she does not remember when or who took it." "Interview with the facility LPN indicates the nurse [staff #4] indicated when she went to the site (group home) on 5/27/14</p>		<p>-In order to correct the deficiency with W149:</p> <p>-The facility has a policy regarding abuse and neglect that remains accurate and appropriate.</p> <p>-The Clinical Supervisor will retrain the Residential Manager regarding this policy and procedure.</p> <p>The Residential Manager will retrain the Direct Care Staff regarding this policy and procedure.</p> <p>- The Clinical Supervisor will retrain the Residential Manager on job responsibilities.</p> <p>-The Residential Manager will retrain the Direct Care Staff on job responsibilities.</p> <p>-The Residential Manager will monitor through daily observations in the group home to ensure policy and procedure is being followed appropriately.</p> <p>-The QIDP will monitor through weekly observations in the group home to ensure policy and procedure is being followed appropriately.</p> <p>-The Clinical Supervisor will monitor through monthly observations in the group home to ensure policy and procedure is being followed</p>	

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	<p>that [sic] [client #4] reported to her staff #3 had not been calling the nurse when her blood sugar was too low. The nurse [staff #4] indicated that she looked at the blood sugar tracking sheet and checked it against the meter. Nurse [staff #4] indicated that on 5/27/14, the meter read 50 while the staff [staff #3] had recorded 91. The nurse [staff #4] indicated on 5/9/14 the meter read 58 while the staff [staff #3] had recorded 74...the nurse [staff #4] indicated the nurse should be notified any time the meter reads below 70."</p> <p>The physician's order dated 1/1/15 - 1/31/15 states "blood glucose check twice daily - if glucose less than 70 or above 300, call nurse."</p> <p>During interview with the Clinical Supervisor on 2/4/15 at 2:30 PM, she stated "the allegation of the staff falsifying the glucose readings had been substantiated in the conclusion of the investigative summary, the staff had been retrained in proper documentation of client glucose readings and was subsequently re-assigned to another group home where she does not have to take and/or record glucose readings of the clients."</p> <p>2) During review of facility</p>		<p>appropriately.</p> <p>-Residential Manager will monitor through weekly home audits to ensure policy and procedure is being followed appropriately.</p> <p>Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director.</p>	

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	<p>investigations and reportable incidents on 2/2/15 at 2:08 PM, an Incident Initial Report sent to BDDS on 9/19/14 at 9:00 AM indicated 4 group home clients "were left in staff's car running while she came inside the [name of day program] to ask for help in trying to get one client out of the car (she had refused to get out of the car when prompted by the staff)."</p> <p>During record review of the facility's policy on abuse/neglect on 2/2/15 at 3:00 PM, an operational procedure entitled "RESCARE - Procedures: Abuse/Neglect/Exploitation, Death, Incident Reporting &amp; Investigation", paragraph 2 states "any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated...All employees receive this training upon hire and annually, thereafter."</p> <p>The Clinical Supervisor stated, during an interview on 2/6/15 at 12:08 PM, the "4 clients were [client #1], [client #2], [client #4] and [client #6]." She also stated "during the pending investigation when the staff was suspended, [staff #5] resigned her position with the facility." The Clinical Supervisor stated "it was neglectful for the staff to have left the 4 clients unattended in an idling vehicle."</p> <p>9-3-2(a)</p>			

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W 154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, for 2 of 3 sampled clients (clients #1 and #2), 1 additional client (client #4) and 1 former client (client #6), the facility failed to thoroughly investigate an allegation of neglect involving 4 group home clients who were left unattended in an idling vehicle while the staff went inside the Day Program.</p> <p>Findings include:</p>	W 154	<p>W154</p> <p>-The Executive Director shall assure through review of incidents to assure proper documentation and review occurs within 5 days. Any issues shall be dealt with through ResCare policy and procedure.</p> <p>-Specifically for all clients at the Mt.</p>	03/08/2015

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	<p>During record review of the Group Home investigations on 2/2/15 at 2:08 PM, the facility's Incident Initial Report to the Bureau of Developmental Disabilities (BDDS) reported on 9/19/14 at 9:00 AM indicated that 4 clients were left unattended in a running vehicle but did not elaborate which of the Group Home clients were involved. There were no interviews conducted with any of the 4 clients regarding being left alone in the car.</p> <p>The Clinical Supervisor stated, during an interview on 2/6/15 at 12:08 PM, the 4 clients left alone in the vehicle were "[client #1], [client #2], [client #4] and [former client #6] ." She also stated "during the pending investigation when the staff was suspended, [staff #5] resigned her position with the facility." The Clinical Supervisor stated "it was neglectful for the staff to have left the 4 clients unattended in an idling vehicle." She also stated "none of the four clients were interviewed about being left in the idling car without staff...they had only been asked if staff ever talked to them inappropriately."</p> <p>9-3-2(a)</p>		<p>Vernon group home and all clients residing at our facility, the process is now in place that as soon as notification of a significant incident is received an email shall be sent as proof of immediate notification, follow up through face to face communication or via phone will occur as back up to assure documentation is received and Executive Director is notified.</p> <p>-For all clients residing at the Mt. Vernon group home, as well as, all clients at the facility, the QIDP and Clinical Supervisor shall conduct a complete review of all incidents within the past 6 months to assure proof of Executive Director notification is kept in the investigative file, as well as, sign off within 5 days of incident by ED or the designee has occurred. Any issues found will be immediately conveyed to the ED to assure compliance with this standard.</p> <p>-QIDP will be retrained on ensuring that all investigations are completed within five days and notifying the Executive Director</p> <p>-Clinical Supervisor will be retrained on ensuring that all investigations are completed within five days and notifying the Executive Director</p>	

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W 262 Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #1), the facility failed to obtain approval/review from the Human Rights Committee (HRC) for the client's restrictive programs.</p> <p>Findings include:</p> <p>Review of client #3's records completed on 2/4/15 at 1:05 PM indicated the client's Individual Support Plan (ISP) and Behavioral Support Plan (BSP), were both revised on 8/1/14. The ISP contained rights restrictions in regards to freedom of movement (staff would accompany client), client money would be locked in a safe, skin assessments would be implemented, and sharps would be locked in the facility due to client behavior. The client's 1/2015 physician's orders indicated the client received the</p>	W 262	<p>Persons Responsible: Executive Director, Clinical Supervisor, and QIDP</p> <p><b>W262</b></p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and other rights.</p> <p>-The Human Rights Committee will review all clients' plans in their entirety including modifications of rights at least quarterly.</p> <p>-The Residential Manager will monitor through monthly chart reviews to ensure all clients plans and modifications of rights are approved by the Human Rights Committee at least quarterly.</p> <p>-The QIDP will monitor through monthly chart reviews to ensure all clients plans and modifications of rights are approved by the Human</p>	03/08/2015

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	<p>following behavior controlling drugs: Abilify (anti-psychotic) 5.0 milligrams/mg and 7.50 mg for mood and clonazepam (anti-anxiety) 0.5 mg twice daily for mood. The record review indicated the ISP and BSP had not been reviewed and/or approved by the Human Rights Committee.</p> <p>During interview with the clinical supervisor on 2/4/15 at 11:30 AM, she stated "[client #1's] ISP and BSP both should have HRC review and approval like the other clients' plans."</p> <p>9-3-4(a)</p>		<p>Rights Committee at least quarterly.</p> <p>-The Clinical Supervisor will monitor through quarterly chart reviews to ensure all clients plans and modifications are approved by the Human Rights Committee at least quarterly.</p> <p>-An IDT meeting will be held for all clients to review their plans in their entirety including modifications of rights. Any adjustments made to any client plans and/or modification or rights will be given to the Human Rights Committee for approval prior to changes being implemented.</p> <p>-The Clinical Supervisor will be trained on ensuring that the HRC members receive a copy of all individuals' plans along with their modifications of rights and behavior medication restrictions to review and approve prior to any psychiatric medication changes.</p> <p>-All members of the HRC meeting will be notified of quarterly meeting dates and a sign in sheet will be kept on all members' attendance.</p> <p>Person Responsible: Residential Manager, QIDP, Clinical Supervisor, and Executive Director.</p>	

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W 454  Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #3), the facility failed to provide a clean and sanitary lunch box to carry her lunch daily to the Day Program.</p> <p>Findings include:</p> <p>1) Interview with the Health Services Coordinator at the Day Program on 2/2/15 at 10:25 AM indicated that on 9/5/14, "the staff opened client #3's lunch box to retrieve her food items and noticed numerous small bugs in the lunch box itself...They called me in to the class room to show me what they had found. There were numerous larvae that resembled maggots. I called the Group Manager and she sent someone out with a replacement lunch."</p> <p>During review of client #3's records completed on 2/4/15 at 1:05 PM, an Incident Initial Report to the Bureau of Developmental Disabilities (BDDS) on 9/5/14 AM, indicated that Day Program Staff, when helping client #3 retrieve her</p>	W 454	<p><b>W454</b> – The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>- The facility has a policy on Infection Control which remains appropriate</p> <p>- Staff will be re-trained on Infection Control to ensure that the transmission of infections is prevented.</p> <p>- Staff will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques.</p> <p>- The IDT will meet with each client to ensure they understand proper sanitation and hand washing techniques.</p> <p>- The Residential Manager will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques.</p> <p>- QIDP's will be retrained on</p>	03/08/2015

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	<p>food items from her lunch box, noticed maggots inside the lunch box.</p> <p>2) On 2/2/15 at 10:25 AM, during an interview with one of the instructors [staff #7] of the Day Program where client #3 attends, she stated that on or about 9/15/14, she "went to rinse out the client's Sippy Cup and noticed a white stringy substance on the underside of the cup lid that resembled mold."</p> <p>Client #3's records were reviewed on 2/4/15 at 1:05 PM. An Incident Initial Report transmitted via electronic mail on 9/15/14 at 12:00 PM reported that the Day Program staff "noticed an unusual substance stretching from the lid to the underside of the cup...it had a mold like appearance and texture...the Group Home nurse and Group Home manager were notified at once".</p> <p>During interview with the Clinical Supervisor of the Group Home on 2/4/15 at 1:45 PM, she stated "after the second occurrence of the unclean lunch container...a new policy was established...trained all the Group Home staff that all lunch box containers were to be cleaned daily from then on."</p> <p>9-3-7(a)</p>		<p>providing a sanitary environment to include the food preparation processes and proper hand washing techniques.</p> <p>- Clinical Supervisors will be retrained on providing a sanitary environment to include the food preparation processes and proper hand washing techniques.</p> <p>- The Residential Manager will make weekly home visits to ensure a sanitary environment is maintained which will include the food preparation processes and proper hand washing techniques.</p> <p>- QIDP's will make monthly home visits to ensure a sanitary environment is maintained which will include the food preparation processes and proper hand washing techniques.</p> <p>- Clinical Supervisors will make monthly home visits to ensure a sanitary environment is maintained which will include the food preparation processes and proper hand washing techniques.</p> <p>Persons Responsible: Residential Manager, QIDP, Clinical Supervisor, Executive Director</p>		

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

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