

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G321	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/14/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 335 WESTERN ROW DILLSBORO, IN 47018
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W 000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: April 13 and 14, 2015.</p> <p>Facility Number: 000839 Provider Number: 15G321 AIM Number: 100244000</p> <p>This federal deficiency reflects a state finding in accordance with 460 IAC 9.</p>	W 000		
W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and three additional clients (#5, #6 and #7), the facility's governing body failed to exercise general policy, budget and operating direction over the facility to ensure it was maintained in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the home</p>	W 104	<p>W104: Governing Body: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Three outside estimates are being received for professional 	05/14/2015

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>of clients #1, #2, #3, #4, #5, #6, and #7 on 4/13/15 from 1:50 PM until 6:30 PM and on 4/14/15 from 6:15 AM until 10:30 AM. During the observations, client #1's bedroom carpeting was in need of cleaning. The entryway and front hallway walls were scuffed and in need of paint. The living room had torn wallpaper and patched, unpainted areas on the walls. A love seat in the family room had worn upholstery. The floor in the family room threshold was uneven and unfinished leading to the northern hallway. The northern hallway had a broken electric wall heater which impeded client #3's walker when he walked to the accessible bathroom. The walls and woodwork throughout the facility had chipped and discolored paint on the walls and woodwork. Client #5's bedroom had a broken window blind and the paint on the walls was scuffed. The floor of the southern bathroom was cracked, the wall heater was rusted, light bulbs were missing and some of the wall tile was missing. The bathtubs were stained in the southern and middle bathrooms. The middle bathroom had a rusted wall heater and burnt out light bulbs. The accessible bathroom, on the northern side of the facility, had a missing vanity drawer. The western exit's storm door, leading from the family room to the patio, was missing a screen and did not fit the door</p>		<p>carpet cleaning of client #1's bedroom , as well as all other carpets in the home.</p> <ul style="list-style-type: none"> · Three outside estimates are being received for painting of walls; repair or replacement of wallpaper and repair of woodwork throughout the home to include painting of entryway and front hallway. · Purchase request was submitted on 4/1/2015 for a couch; couch was delivered to the home on 4/29/15. (Attachment A). · Flooring work was completed in the family room; this work completed by Sherwin Williams; Sherwin Williams is being contacted for repairs and finishing of the cited threshold leading into the northern hallway of the home. · Maintenance Personnel is scheduled to remove the electric wall heater in the northern hallway of the home on 5/12/15. · Maintenance Personnel is scheduled to install window frosting at Client #5's bedroom window on 5/12/15; nonflammable curtains will replace the broken blind; three outside estimates are being received for painting of Client #5's bedroom. · Three outside estimates are being received for replacement and repairs to the Southern bathroom in 	

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	<p>opening. Client #2's bedroom had personal items and a window air conditioner on the floor in front of the outside exit door. The ramp leading to the facility's front door was missing non-slip covering and the front part was unstable. The driveway and parking area's concrete was cracked and uneven where clients #1, #2, #3, #4, #5, #6 and #7 accessed the facility's van.</p> <p>Interview with House Manager #2 on 4/14/15 at 9:42 AM indicated maintenance requests had been made for the issues at the facility. The interview indicated the facility was in need of environmental repairs.</p> <p>9-3-1(a)</p>		<p>the home; work to include replacement and repair of flooring and wall tiles; maintenance personnel scheduled to remove, paint and replace repaired wall heater on 5/12/15; light bulbs were replaced on 4/21/15.</p> <ul style="list-style-type: none"> · Residential Manager completed cleaning of all bathtubs on 4/15/2015; further cleaning to remove stains is scheduled 5/4/15 for cleaning and maintenance of all bathtubs in the home. · Maintenance Personnel is scheduled to complete work in the middle bathroom; work to include remove, paint and replace repaired wall heater on 5/12/15; light bulbs were replaced on 4/21/15; three outside estimates are being received for painting of the middle bathroom. · Maintenance Personnel replaced the vanity drawer in the northern bathroom of the home on 4/28/15; vanity is not missing any drawers and is in good repair. · Maintenance Personnel is scheduled to repair storm door leading to the patio on 5/12/15; repairs to include replacement of screen and adjustment of the threshold and replacement of the door sweep. · Air conditioner and personal items on floor in front of the outside 	

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			<p>exit in Client #2's bedroom was removed on 4/21/15; door exit is clear of any items.</p> <ul style="list-style-type: none"> Maintenance Personnel is scheduled to replace the ramp leading into the front of the home; work beginning 4/29/15: work to include replacement of ramp with non-slip covering. Executive Director is in contact with Conaclaw, owner of facility, for repairs to the driveway and parking area's cracked and uneven concrete surface where client's #1, #2, #3, #4, #5, #6 and #7 access the van. <p>How we will identify others:</p> <ul style="list-style-type: none"> Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (Attachment B). A work order will be completed by Residential Manager and submitted for completion. (Attachment C). The maintenance checklist findings will be submitted to the Program Manager for assignment of work order. 	

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			<ul style="list-style-type: none"> · Maintenance Personnel will conduct quarterly checks of the group home and submit findings to the Program Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (Attachment B). · A work order will be completed by Residential Manager and submitted for completion. (Attachment C). · The maintenance checklist findings will be submitted to the Program Manager for assignment of work order. · The Maintenance personnel will conduct quarterly checks of the group home; on going and will submit findings to the Program Manager. · Maintenance issues will be addressed with work completed within 48 hours. · Maintenance issues critical in nature will be addressed with work completed immediately. <p>Monitoring of Corrective Action:</p>	

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			<ul style="list-style-type: none"> · Residential Manager will complete a weekly maintenance check list to monitor that all environmental equipment is operational; ongoing completed one time per week. (ATTACHMENT B) · Maintenance work orders critical in nature will be signed by the maintenance personnel and submitted to the Program Manager immediately upon completion of work. · Clinical Supervisor, Program Manager, and or appropriate parties will conduct periodic reviews to ensure furniture and environmental equipment is operational and in good condition. · 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. 	

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

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FORM APPROVED

OMB NO. 0938-0391

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