STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	2401 CORNWALL DR JEFFERSONVILLE, IN 47130

(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
W000000	This visit was for a fundamental recertification and state licensure survey. Survey Dates: September 29, 30 and October 1, 2014. Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810 Surveyor: Dotty Walton, QIDP. These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/15/14 by Ruth Shackelford, QIDP.	W000000		
W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review 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	W000104	**W104:** The governing body must exercise general policy, budget, and operating direction over the facility. **Corrective Action: (Specific)** An investigation will be completed	10/31/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	operating direction over the facility in a manner to ensure clients were reimbursed for missing personal money which had been entrusted to the facility for safekeeping. Findings include: Review of facility Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 9/29/14 at 2:34 PM and on 10/01/14 at 10:30 AM indicated the following: A BDDS report dated 6/10/14 indicated an incident reported 6/9/14 at 12:00 PM wherein: "...It was reported that [Client #4] is missing $126.00, [Client #5] is missing $75.00, [Client #8] is missing $149.00. [Client #1] is missing $31.00. [Client #3] is missing $130.00, [Client #6] is missing $8.00, [Client #2] is missing $366.00, and [client #7] is missing $39.00. The police have been contacted regarding this incident and a report will be filed....An investigation will be conducted into this incident." Review of the facility's investigations indicated no internal investigation into the missing client money which included suggestions, remedies (reimbursement of money to all affected clients) or corrective actions to prevent future incidents.		regarding the missing money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. **How others will be identified: (Systemic)** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. **Measures to be put in place:** An investigation will be completed regarding the missing money. All Clinical Supervisors will be	

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	On October 1, 2014, at 11:00 AM, clients #1, #2, #3, #4, #5, #6 #7, and #8's Resident Fund Management Service/RFMS account statements were reviewed. The review indicated no reimbursements for the above mentioned missing funds. Interview with Administrative staff #3 on 10/1/14 at 12:30 PM indicated the procedure of the agency was to not conduct an investigation when it may interfere with one being conducted by the authorities. The agency had not conducted their own internal investigations and consequently clients' money had not been reimbursed. 9-3-1(a)		in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. **Completion date: 10/31/14**	
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS			

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	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 for 4 of 4 sampled clients (#1, #2, #3 and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients were not subject to financial exploitation. Findings include: Review of facility Client Incident Reports, Investigations and Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 9/29/14 at 2:34 PM and on 10/01/14 at 10:30 AM indicated the following: A BDDS report dated 6/10/14 indicated an incident reported 6/9/14 at 12:00 PM wherein: "...It was reported that [Client #4] is missing $126.00, [Client #5] is missing $75.00, [Client #8] is missing $149.00. [Client #1] is missing $31.00. [Client #3] is missing $130.00, [Client #6] is missing $8.00, [Client #2] is missing $366.00, and [client #7] is missing $39.00. The police have been contacted regarding this incident and a report will be filed....An investigation will be conducted into this incident." Review of the facility's investigations	W000149	**W149:** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective Action: (Specific)** An investigation will be completed regarding the missing money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. **How others will be identified: (Systemic)** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the clients.	10/31/2014

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	indicated no internal investigation into the missing client money. Review of the facility's investigations on 9/29/14 at 2:34 PM indicated no evidence these incidents of missing money for clients #1, #2, #3, #4, #5, #6, #7 and #8 had been investigated. Interview with Administrative staff #3 on 10/1/14 at 12:30 PM indicated the procedure of the agency was to not conduct an investigation when it may interfere with one being conducted by the authorities. The agency had not conducted their own internal investigations and consequently clients' money had not been reimbursed. The interview indicated the agency's policy prohibits financial exploitation of clients served. The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 07/02/2012) was reviewed on 10/01/2014 at 12:00 PM. The review indicated the agency prohibited exploitation of clients. The definitions of exploitation were as follows: "E....Exploitation Definition:		All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. **Measures to be put in place:** An investigation will be completed regarding the missing money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days and the final investigation will be sent to the Business Office Manager and all funds will be reimbursed to the RFMS account. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedures and client finances. A safe was purchased for the home to secure all client finances. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. The Program Manager will ensure the Clinical Supervisor submits all finalized investigations to the Business Office Manager to ensure funds are reimbursed to the	

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	1. An act that deprives an individual of real or personal property by fraudulent or illegal means. 2. Utilization of another person for selfish purposes." 9-3-2(a)		clients. All investigations will be provided to the Executive Director upon completion for review. The Residential Manager will complete a review of all client finances weekly to ensure that all funds are accounted for. The Clinical Supervisor will review client finances at least one time monthly to ensure the client funds are accounted for. **Completion date: 10/31/14**	
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for	W000154	**W154:** The facility must have	10/31/2014

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	4 of 4 sampled clients (#1, #2, #3 and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure all allegations were thoroughly investigated in regards to missing controlled drugs and clients' missing money. Findings include: Review of facility Client Incident Reports, Investigations and Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 9/29/14 at 2:34 PM and on 10/01/14 at 10:30 AM indicated the following: 1. A BDDS report dated 6/10/14 indicated an incident reported 6/9/14 at 12:00 PM wherein: "...It was reported that [Client #4] is missing $126.00, [Client #5] is missing $75.00, [Client #8] is missing $149.00. [Client #1] is missing $31.00. [Client #3] is missing $130.00, [Client #6] is missing $8.00, [Client #2] is missing $366.00, and [client #7] is missing $39.00. The police have been contacted regarding this incident and a report will be filed....An investigation will be conducted into this incident." Review of the facility's investigations indicated no internal investigation into the missing client money.		evidence that all alleged violations are thoroughly investigated. **Corrective Action: (Specific)** An investigation will be completed regarding the missing medication and money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients 1, 2, 3, 4, 5, 6 and 7 will be reimbursed missing funds once the investigation has been completed. **How others will be identified: (Systemic)** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The staff will be in-serviced on completing daily medication audits on all medication in the home. The Residential Manager will complete a review of all client finances and medication weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and	

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	2. A BDDS report dated 7/08/14 indicated an incident on 7/7/14 at 11:00 PM wherein controlled drugs were found to be missing. The narrative portion of BDDS report indicated: "While completing a controlled audit for end of 2nd shift, staff counted all the medications on the controlled audit slip which matched the count on record. Staff noticed the packing slip from [name of pharmacy] indicated that 3 bubble packs of Alprazolam (client #3) (anti-anxiety drug, Controlled substance schedule: IV) and 2 bubble packs of clonazepam (client #2) (anticonvulsant used for panic disorder, Controlled substance schedule: IV) were missing. The pills had not been added from the packing slip and counted on the controlled med (medication) audit sheet. The staff attempted to review the medication audit slip for each medication that was missing and found these documents are missing from the binders as well. Staff notified the residential manager of the missing medication. Local police were notified of the situation and an investigation is in the process. Plan to Resolve: All staff including the manager were taken for drug testing and none of the staff members tested positive for the medications that are missing." There was no investigation for the missing controlled drugs.		medication audits at least weekly to ensure that all client funds and medications are accounted for. **Measures to be put in place:** An investigation will be completed regarding the missing medication and money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients 1, 2, 3, 4, 5, 6 and 7 will be reimbursed missing funds once the investigation has been completed. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The staff will be in-serviced on completing daily medication audits on all medication in the home. The Residential Manager will complete a review of all client finances and medication weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client	

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	Review of the facility's investigations on 9/29/14 at 2:34 PM indicated no evidence these incidents had been investigated. Interview with Administrative staff #3 on 10/1/14 at 12:30 PM indicated the procedure of the agency was to not conduct an investigation when it may interfere with one being conducted by the authorities. The agency had not conducted their own internal investigations. 9-3-2(a)		finances and medication audits at least weekly to ensure that all client funds and medications are accounted for. . **Completion date: 10/31/14**	
W000157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure all allegations were thoroughly investigated so corrective actions could be identified and implemented in regards to missing controlled drugs and clients' missing	W000157	**W157**: If the alleged violation is verified, appropriate corrective action must be taken. **Corrective Action: (Specific):** An investigation will be completed regarding the missing medication and money. All Clinical Supervisors will be in-serviced on the initiating	10/31/2014

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130	

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	money. Findings include: Review of facility Client Incident Reports, Investigations and Reportable Incident reports (Bureau of Developmental Disabilities Services/BDDS) on 9/29/14 at 2:34 PM and on 10/01/14 at 10:30 AM indicated the following: 1. A BDDS report dated 6/10/14 indicated an incident reported 6/9/14 at 12:00 PM wherein: "...It was reported that [Client #4] is missing $126.00, [Client #5] is missing $75.00, [Client #8] is missing $149.00. [Client #1] is missing $31.00. [Client #3] is missing $130.00, [Client #6] is missing $8.00, [Client #2] is missing $366.00, and [client #7] is missing $39.00. The police have been contacted regarding this incident and a report will be filed....An investigation will be conducted into this incident." Review of the facility's investigations indicated no internal investigation into the missing client money which included suggestions, remedies or corrective actions to prevent future incidents. 2. A BDDS report dated 7/08/14 indicated an incident on 7/7/14 at 11:00 PM wherein controlled drugs were found		investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients 1, 2, 3, 4, 5, 6 and 7 will be reimbursed missing funds once the investigation has been completed. **How others will be identified: (Systemic):** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The staff will be in-serviced on completing daily medication audits on all medication in the home. The Residential Manager will complete a review of all client finances and medication weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for. **Measures to be put in place:** An investigation will be completed	

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	to be missing. The narrative portion of BDDS report indicated: "While completing a controlled audit for end of 2nd shift, staff counted all the medications on the controlled audit slip which matched the count on record. Staff noticed the packing slip from [name of pharmacy] indicated that 3 bubble packs of Alprazolam (antianxiety drug, Controlled substance schedule: IV) and 2 bubble packs of clonazepam (anticonvulsant used for panic disorder, Controlled substance schedule: IV) were missing. The pills had not been added from the packing slip and counted on the controlled med (medication) audit sheet. The staff attempted to review the medication audit slip for each medication that was missing and found these documents are missing from the binders as well. Staff notified the residential manager of the missing medication. Local police were notified of the situation and an investigation is in the process. Plan to Resolve: All staff including the manager were taken for drug testing and none of the staff members tested positive for the medications that are missing." There was no investigation for the missing controlled drugs which included remedies (corrective actions) which could prevent future incidents.		regarding the missing medication and money. All Clinical Supervisors will be in-serviced on the initiating investigations and having them completed within 5 business days. All staff will be in-serviced on the Abuse Neglect Exploitation Policy and Procedure, Medication Audits and client finances. A safe was purchased for the home to secure all client finances. Clients 1, 2, 3, 4, 5, 6 and 7 will be reimbursed missing funds once the investigation has been completed. **Monitoring of Corrective Action:** The Program Manager will follow up with the Clinical Supervisor at least weekly to ensure that all incidents that require and investigation are initiated and completed within 5 business days. All investigations will be provided to the Executive Director upon completion for review. The staff will be in-serviced on completing daily medication audits on all medication in the home. The Residential Manager will complete a review of all client finances and medication weekly to ensure that all funds and medications are accounted for. The Clinical Supervisor will review client finances and medication audits at least weekly to ensure that all client funds and medications are accounted for.	

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	Review of the facility's investigations on 9/29/14 at 2:34 PM indicated no evidence these incidents had been investigated. Interview with Administrative staff #3 on 10/1/14 at 12:30 PM indicated the procedure of the agency was to not conduct an investigation when it may interfere with one being conducted by the authorities. The agency had not conducted their own internal investigations; or implemented corrective actions (new/revised medication/client money procedures or reimbursed money) to prevent future occurrences. 9-3-2(a)		**Completion date: 10/31/14**	
W000159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, and #4) to ensure clients' active treatment programs were	W000159	**W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation**	10/31/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/01/2014
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	coordinated and monitored by the facility's Qualified Intellectual Disabilities Professional (QIDP). The facility failed to ensure client monthly summaries were done by a QIDP, failed to ensure all medications were in the behavior plan, and failed to ensure program data was collected. Findings include: Record review for client #1 was done on 9/30/14 at 1:00 PM. Client #1's record contained program reviews but they were not by a Qualified Intellectual Disabilities Professional/QIDP. The client's ISP/Individual Support Plan and BSP/Behavior Support Plan were both dated 12/19/13. An un-degreed manager was listed as the author instead of a QIDP. Monthly reviews of the client's ISP had been conducted by direct support staff instead of a QIDP. Record review for client #2 was done on 9/30/14 at 11:00 AM. Client #2's record contained no QIDP program reviews since the ISP dated 1/18/14. The review indicated a Behavior Support Plan/BSP dated 1/18/14; there was no signature which indicated a QIDP had been involved in the formulation of the ISP or BSP. The BSP did not contain the behavior management drug depakote		**professional. Corrective Action: (Specific)**: The QIDP will be in-serviced on ensuring the Behavior (BSP) Support Plans are revised and updated as medication changes occur throughout the year and all medication withdrawal criteria associated with each medication will be added to the plan. Client #2's BSP will be revised to include the drug Depakote and the withdrawal criteria. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The residential Manager will be in-serviced on assuring staff are completing the daily data tracking sheets for the goals and ABC tracking sheets. The Clinical Supervisor will be in-serviced on supervising the activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on supervising the Residential Manager to ensure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/01/2014
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	(anticonvulsant also used for mood). A former house manager's name was on the documents as the author (non-degreed). There were no program data sheets in the records for collection of data relative to the client's ISP training goals. Record review for client #3 was done on 9/30/14 at 8:42 AM. Client #3's record contained no QIDP program reviews since the ISP dated 2/10/14. The review indicated a Behavior Support Plan/BSP dated 2/10/14. There was no signature which indicated a QIDP had been involved in the formulation of the ISP or BSP. A former house manager's name was on the documents as the author (non-degreed). There were no program data sheets in the records for collection of data relative to the client's ISP training goals. The record review indicated the client's controlled drug sheets were not being monitored by the QIDP to ensure direct contact staff were counting the client's Alprazolam (anti-anxiety, controlled medication). The medication was not being counted by two staff members as prescribed by facility policy whenever there was a change in medication administrators or a shift change of personnel. Record review for client #4 was done on		monthly data collection sheets are in the home and being completed. The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication administrators. **How others will be identified: (Systemic)** The QIDP will be involved in writing and revising the Behavior Support Plans for all individuals in the home to as well as assuring all medications and medication withdrawal criteria have been added to the plan throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP will develop goals for each client, provide staff training on all documents, and ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. In addition the Residential Manager will ensure all staff are implementing goals and providing the daily documentation on the goal	

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	9/30/14 at 1:45 PM. Client #4's record contained no QIDP program reviews since the ISP dated 2/10/14. The review indicated a Behavior Support Plan/BSP dated 2/10/14; there was no signature page to indicate the client's father/HCR (Health Care Representative) had approved client #4's programming. Staff #1, house manager, was interviewed on 9/30/14 at 2:06 PM and indicated the former manager may have failed to obtain the necessary consents and the QIDP reviews could not be located. The interview indicated the signature pages for the ISPs/BSPs, could not be located at the time of the survey. Interview with the Director of Health Care Services, staff #5, on 10/01/14 at 12:45 PM indicated the direct contact staff were to count the controlled medications when there was a change in medication administrators or a shift change of personnel. 9-3-3(a)		tracking sheet. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary. The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or when there is a change in medication administrators. **Measures to be put in place:** The QIDP will be in-serviced on ensuring the Behavior (BSP) Support Plans are revised and updated as medication changes occur throughout the year and all medication withdrawal criteria associated with each medication will be added to the plan. Client #2's BSP will be revised to include the drug Depakote and the withdrawal criteria. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are	

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			obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The residential Manager will be in-serviced on assuring staff are completing the daily data tracking sheets for the goals and ABC tracking sheets. The Clinical Supervisor will be in-serviced on supervising the activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on supervising the Residential Manager to ensure monthly data collection sheets are in the home and being completed. The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication administrators. **Monitoring of Corrective Action:** The QIDP will be involved in writing and revising the Behavior Support Plans for all individuals in the home to as well as assuring all medications and medication withdrawal criteria	

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			have been added to the plan throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP will develop goals for each client, provide staff training on all documents, ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. In addition the Residential Manager will ensure all staff are implementing goals and providing the daily documentation on the goal tracking sheet. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary. The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or	

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			when there is a change in medication administrators. **Completion date: 10/31/14** **W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.** **Corrective Action: (Specific)**: The QIDP and Behavioral Clinician will be in-serviced on ensuring the Behavior (BSP) Support Plans are revised and updated as medication changes occur throughout the year and all medication withdrawal criteria associated with each medication will be added to the plan. Client #2's BSP will be revised to include the drug Depakote and the withdrawal criteria. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The residential Manager will be in-serviced on assuring staff are completing the daily data tracking sheets for the goals and ABC tracking sheets. The Clinical Supervisor will be in-serviced on supervising the	

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			activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on supervising the Residential Manager to ensure monthly data collection sheets are in the home and being completed. The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication administrators. **How others will be identified: (Systemic)** The QIDP and Behavioral Clinician will be involved in writing and revising the Behavior Support Plans for all individuals in the home to as well as assuring all medications and medication withdrawal criteria have been added to the plan throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP	

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			will develop goals for each client, provide staff training on all documents, and ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. In addition the Residential Manager will ensure all staff are implementing goals and providing the daily documentation on the goal tracking sheet. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary. The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or when there is a change in medication administrators. **Measures to be put in place:** The QIDP and Behavioral Clinician will be in-serviced on ensuring the Behavior (BSP) Support Plans are revised and updated as medication changes occur throughout the year and all medication withdrawal criteria associated with each	

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			medication will be added to the plan. Client #2's BSP will be revised to include the drug Depakote and the withdrawal criteria. The QIDP will be in-serviced on ensuring annual Individual Support (ISP) meetings occur timely and the BSP's, ISP's and goal development takes place, appropriate consents, signatures and HRC approvals are obtained for all client ISP's and BSP's and a monthly review of all documents occurs. The QIDP will be in-serviced and responsible for ensure all staff are trained on the plans and are implementing them. The residential Manager will be in-serviced on assuring staff are completing the daily data tracking sheets for the goals and ABC tracking sheets. The Clinical Supervisor will be in-serviced on supervising the activities of the QIDP to ensure that annual ISP, BSP development and revisions, consents, signatures, HRC approvals and monthly summaries are occurring. The Clinical Supervisor will be in-serviced on supervising the Residential Manager to ensure monthly data collection sheets are in the home and being completed. The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication	

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			administrators. **Monitoring of Corrective Action:** The QIDP and Behavioral Clinician will be involved in writing and revising the Behavior Support Plans for all individuals in the home to as well as assuring all medications and medication withdrawal criteria have been added to the plan throughout the year. The QIDP will be responsible for assuring the monthly summaries have been completed and signed for each client in the home. In addition the QIDP will conduct annual Individual Support Plan meeting for all clients and provide a signature assuring a QIDP was involved in the formulation of the plan. The QIDP will develop goals for each client, provide staff training on all documents, and ensure the data collection is occurring as well as goal implementation is occurring on a daily basis. In addition the Residential Manager will ensure all staff are implementing goals and providing the daily documentation on the goal tracking sheet. The Clinical Supervisor will review the Monthly Summaries to ensure the QIDP is reviewing and signing. In addition the Clinical Supervisor will ensure the QIDP is completing annual ISP's, revising BSP's and completing staff training as necessary. The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change	

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			or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or when there is a change in medication administrators. **Completion date: 10/31/14**	
W000263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (#4), to ensure the specially constituted committee (Human Rights Committee/HRC), obtained written informed consent from the client's surrogate for restrictive programs (Behavior Support Plan). Findings include: During observations at the facility on the morning of 9/30/14, client #4 was seen in	W000263	**W263:** The committee should insure that these programs are conducted only with written informed consent of the client, parents (if client is a minor) or legal guardian. **Corrective Action: (Specific)** The QIDP will be in-serviced on ensuring all Individual Support Plans, Behavior Support Plans and restrictive measures are signed and approved by the individual, guardians, Human Rights Committee and Behavior Rights Committee prior to implementation of the plans. The QIDP will contact the Health	10/31/2014

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	the staff's office after the medication administration at 8:25 AM. Staff #7 indicated (9/30/14 8:25 AM) client #4 was not to be in the staff's office since he would take plastic gloves from the trash can that were used during the medication administration. Record review for client #4 was done on 9/30/14 at 1:45 PM. The review indicated an ISP/Individual Support Plan and a Behavior Support Plan/BSP both dated 2/10/14. The BSP contained the restrictive methods of checking the client's room for items he took from the trash at home and work (plastic bags, plastic gloves). Client #4's record indicated his father served as his health care representative/HCR and assisted him in decision making. There was no signature page to indicate the client's father/HCR had approved client #4's programming. Staff #1, house manager, was interviewed on 9/30/14 at 2:06 PM and indicated the former manager may have failed to obtain the necessary consents. The interview indicated the signature pages for the ISPs/BSPs, could not be located at the time of the survey. 9-3-4(a)		Care Representative of Client #4 and discuss current Individual Support Plan and Behavior Support Plan to obtain consent and signature. The QIDP will send plans to the Human Rights Committee for review, approval and signature. **How others will be identified: (Systemic)** The QIDP will schedule and conduct annual meeting as well as quarterly reviews with Interdisciplinary Team members to include individuals, guardians and health care representatives. The Clinical Supervisor will review all Individual Support Plans and Behavior Support plans to ensure the QIDP has the appropriate signatures and plan approvals have been obtained. **Measures to be put in place:** The QIDP will be in-serviced on ensuring all Individual Support Plans, Behavior Support Plans and restrictive measures are signed and approved by the individual, guardians, Human Rights Committee and Behavior Rights Committee prior to implementation of the plans. The QIDP will contact the Health Care Representative of Client #4 and discuss current Individual Support Plan and Behavior Support Plan to obtain consent and signature. The QIDP will send plans to the Human Rights Committee for review, approval and signature **Monitoring of Corrective Action:**The QIDP will schedule	

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			and conduct annual meeting as well as quarterly reviews with Interdisciplinary Team members to include individuals, guardians and health care representatives. The Clinical Supervisor will review all Individual Support Plans and Behavior Support plans to ensure the QIDP has the appropriate signatures and plan approvals have been obtained. Corrective Action Date: 10/31/14	
W000312	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, the facility failed for 1 of 4 sampled clients who used behavior controlling drugs (#2) to ensure all medications were in the behavior plan. Findings include:	W000312	**W312:** 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.	10/31/2014

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	Record review for client #2 was done on 9/30/14 at 11:00 AM. Client #2's record contained a Behavior Support Plan/BSP dated 1/18/14. The BSP did not contain the behavior management drug depakote (anticonvulsant also used for mood) which client #2 took for behavior management. Staff #1, house manager, was interviewed on 9/30/14 at 2:06 PM and indicated the former manager may have failed to ensure the BSP was revised to include the Depakote. 9-3-5(a)		**Corrective Action: (specific):** 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 #2's BSP will be revised to include the depakote and the withdrawal criteria. **How others will be identified: (Systemic)**: 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. **Measures to be put in place:** The QIDP will be in-serviced on ensuring the Behavior Support Plan is revised and updated as medication changes occur throughout the year. In	

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130	

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			addition the QIDP will be in-serviced that all medication withdrawal criteria associated with each medication will be added to the plan. Client #2's BSP will be revised to include the Depakote and the withdrawal criteria. **Monitoring of Corrective Action:** 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. **Completion date: 10/31/14**	
W000386	483.460(l)(4) DRUG STORAGE AND RECORDKEEPING The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in			

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	schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308). Based on record review and interview, the facility failed for 1 of 4 sampled clients (#3), to ensure the client's controlled drug count sheets were being filled out properly. The facility failed to ensure the direct contact staff were counting the client's Alprazolam (anti-anxiety, controlled medication). The medication was not being counted by two staff members as prescribed by facility policy whenever there was a change in medication administrators or a shift change of personnel. Findings include: Record review for client #3 was done on 9/30/14 at 8:42 AM. Client #3's record indicated the client received the drug Alprazolam daily for behavior control. The record review indicated the client's controlled drug sheets were not being monitored to ensure direct contact staff were counting the client's Alprazolam (anti-anxiety, controlled medication). The medication was not being counted by two staff members as prescribed by facility policy whenever there was a change in medication administrators or a shift change of personnel.	W000386	**W386:** The facility must, on sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C 801 et seq., as implemented by 21 CFR Part 308). **Corrective Action: (Specific)** The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication administrators. **How others will be identified: (Systemic)** The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or when there is a change in	10/31/2014

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	Interview with the Director of Health Care Services, staff #5, on 10/01/14 at 12:45 PM indicated the direct contact staff were to count the controlled medications when there was a change in medication administrators or a shift change of personnel. 9-3-6(a)		medication administrators. **Measures to be put in place:** The Nurse and Residential Manager will be in-serviced on ensuring staff are completing the medication audits on the controlled substance timely and accurately. The staff will be in-serviced on ensuring the controlled substances are counted timely at each shift change or if there is a change in medication administrators. **Monitoring of Corrective Action:** The Residential Manager will complete a review of the controlled substances sheets five times weekly to ensure the count is accurate and staff are completing them at each shift change or if there is a change in medication administrators. The Nurse will complete a review of the controlled substances sheets at least one time weekly to ensure the count is accurate and completed at each shift change or when there is a change in medication administrators. **Completion date: 10/31/14**	
W000444	483.470(i)(1)(iii)			

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	EVACUATION DRILLS The facility must hold evacuation drills to evaluate the effectiveness of emergency and disaster plans and procedures. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4), and four additional clients (#5, #6, #7 and #8) who resided in the group home, to ensure the facility evaluated the effectiveness of the evacuation drills in regard to the length of time the evacuations were taking for the clients to get to a safe area. Findings include: The facility's evacuation drill reports were reviewed on 9/29/14 at 5:00 PM. The reports indicated the following evacuation times for the clients living at the facility (clients #1, #2, #3, #4, #5, #6, #7, and #8): 9/09/14 at 6:35 AM - 5 minutes. 7/05/14 at 10:00 AM - 5 minutes. 5/09/14 at 6:00 PM - 5 minutes. 5/1/14 at 8:00 PM - 4 minutes. 4/09/14 at 8:00 AM - 5 minutes. 3/09/14 at 1:30 AM - 10 minutes. 2/09/14 at 4:00 AM- 5 minutes. 1/24/14 at 8:00 AM - 5 minutes. 11/22/13 5:38 PM - 4 minutes. 9/17/13 at 7:05 PM - 5 minutes.	W000444	**W444:** The facility must hold evacuation drills to evaluate the effectiveness of emergency and disaster plans and procedures. **Corrective Action: (Specific)** The Residential Manager will be in-serviced on ensuring staff are following the correct procedure for all evacuation drills and the drills are monitored for the length of time it is taking for clients to be evacuated to a safe location. The staff will be in-serviced on the correct procedure for evacuation drills and the appropriate length of time to have clients evacuated from the residence. **How others will be identified: (Systemic)** The Residential Manager will conduct and evacuation drills with the staff to ensure the appropriate procedures and timeframes are met and the clients are evacuated with the established timeframes. The Clinical Supervisor will review the evacuation drills monthly to ensure the time frames for safe evacuation is occurring and will address with RM and staff to see why established time frames are not being met. **Measures to be put in place:** The Residential Manager will be in-serviced on ensuring staff are following the correct procedure for all evacuation drills and the drills are monitored for the length of time it is taking for clients to be	10/31/2014

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	An interview with staff #1, Residential Manager, on 10/01/14 at 1:30 PM indicated the facility strived to evacuate the clients in three minutes time. 9-3-7(a)		evacuated to a safe location. The staff will be in-serviced on the correct procedure for evacuation drills and the appropriate length of time to have clients evacuated from the residence. **Monitoring of Corrective Action:** The Residential Manager will conduct and evacuation drills with the staff to ensure the appropriate procedures and timeframes are met and the clients are evacuated with the established timeframes. The Clinical Supervisor will review the evacuation drills monthly to ensure the time frames for safe evacuation is occurring and will address with RM and staff to see why established time frames are not being met. **Completion date: 10/31/14**	