STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G627	A. BUILDING 00 B. WING	07/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY ALTERNATIVES-ADEPT	8044 DARTMOUTH RD INDIANAPOLIS, IN 46260

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W000000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: 7/8, 7/9, 7/10 and 7/21/14 Facility number: 001189 Provider number: 15G627 AIM number: 100245700 Surveyors: Paula Chika, QIDP-TC Glenn David, RN The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/29/14 by Ruth Shackelford, QIDP.	W000000		
W000125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on interview and record review for 1 of 3 sampled clients (#3), the facility	W000125	**CORRECTION:** *The facility must ensure the rights*	08/20/2014

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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	failed to ensure the client's legally appointed guardian was involved in financial decisions/purchases made by the facility, when using the client's funds held by the facility, to ensure the client's rights were protected. Findings include: Client #3's financial records were reviewed on 7/9/14 at 1:30 PM. Client #3's Resident Financial Management System (RFMS-account held by the facility) records from 5/7/13 to 7/9/14 indicated the following (not all inclusive): -On 8/29/13, $250.00 was withdrawn for clothing. -On 9/18/13, $252.00 was withdrawn for clothing and an exercise bike. Client #3's record was reviewed on 7/9/14 at 11:23 AM. Client #3's 10/9/13 Individual Support Plan (ISP) indicated client #3's mother was the client's guardian. Client #3's ISP and/or record did not indicate the client's guardian was involved in the decision to withdraw money and/or to make the clothing purchases on 8/29/13 and 9/18/13. Interview with client #3's guardian on		*of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.* Specifically for Client #3, the team will review all spending of individual finances over $100 with Client #3's guardian prior to making purchases. A review of facility documentation indicated this deficient practice affected one additional individual, Client #4, and therefore the team will also review all spending of individual finances over $100 with Client #4's guardian prior to making purchases. **PREVENTION:** The Clinical Supervisor will review approve all withdrawals from clients' Residential financial Management System accounts and The executive director will approve all spending over $100 in order to assure guardian approval for major financial decisions. **RESPONSIBLE PARTIES:** Residential Manager, QIDP, Clinical Supervisor, Executive Director	

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	7/10/14 at 1:14 PM indicated she was client #3's guardian. Client #3's guardian indicated she (the guardian) bought client #3's clothes for him out of the client's trust fund. Client #3's guardian indicated she was not aware the facility withdrew money to buy clothes and/or an exercise bike. Client #3's guardian indicated client #3 did not have an exercise bike. Interview with the Qualified Intellectual Disabilities Professional (QIDP), the Clinical Supervisor (CS) #1 and staff #1, by phone, on 7/10/14 at 2:45 PM indicated facility staff withdrew money to buy client #3 clothes and exercise bike. Staff #1 stated a facility staff "went shopping for him." Staff #1 indicated a small pool table was purchased instead of an exercise bike. The QIDP and CS #1 indicated the client's IDT (which included the guardian) did not meet to review and/or discuss the purchases. 9-3-2(a)			
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 observation, interview and record review for 1 of 3 sampled clients	W000159	**CORRECTION**: *Each client's active treatment program must be integrated,*	08/20/2014

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	(#1), the Qualified Intellectual Disabilities Professional (QIDP) failed to monitor the client's data in regard to conducting monthly summaries. The QIDP failed to reconvene the interdisciplinary team in regard to the death of the client's mother to ensure the client was assessed/offered and/or provided Grief Counseling if needed. Findings included: 1. During the 7/9/14 observation period between 5:18 AM and 8:20 AM, at the group home, client #1 stated he was "sad." Client #1 started crying and indicated his mother had died recently. Client #1 showed the flowers he had received from the agency after his mother passed away. Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 6/4/14 Progress Note indicated "Found out mother died" on 6/4/14. Client #1's 10/9/13 Individual Support Plan (ISP) did not indicate the client's interdisciplinary team (IDT) met and/or assessed the client's need for Grief Counseling. Interview with the QIDP and Clinical Supervisor (CS) #1 on 7/10/14 at 2:45		*coordinated and monitored by a qualified mental retardation professional*. Specifically: The QIDP will arrange for grief counseling for Client #1 Monitoring of Client #1's data has occurred through the completion of Monthly Individual Support Plan Summaries/ A review of facility documentation indicated that this deficient practice affected five additional clients. Monthly summaries have been completed and are current for all individuals residing at the facility. **PREVENTION:** The QIDP will be retrained on the need to coordinate counseling services as needed for all clients as well as the need to monitor clients' progress no less than monthly. The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring. Members of the Operations Team will review support documents no less than monthly to assure monitors and revises programs as needed. **RESPONSIBLE PARTIES**: QIDP, Operations Team	

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	PM indicated client #1's mother passed away on 6/4/14. The QIDP and CS #1 indicated client #1 did not receive any Grief Counseling for the loss of his mother. The QIDP and CS #1 stated client #1 was doing "real good." CS #1 stated "We offered him time off (from work) for bereavement." 2. Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 10/9/13 Individual Support Plan (ISP) indicated the client had the following objectives: -To identify an "appropriate solution" to a problem with one verbal prompt and one verbal model 95% of the time for 3 consecutive months. -To lay his utensils/cup down between each bite of food/drink with 1 verbal prompt 85% of the time for 3 consecutive months. -With one verbal prompt, to identify the side effects of his Risperdal 100% of the time for 3 consecutive months. -To combine various coins with a sum of one dollar with one verbal prompt and 1 physical prompt 80% of the time for 3 consecutive months. -To assist staff in preparing dinner with 3			

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	verbal prompts 50% of the time for 3 consecutive months. -Given 1 physical modeling, to hang up his shirt "properly" on a hanger 90% of the time for 3 consecutive months. -To complete a chosen relaxation technique with 2 verbal prompts 50% of the time for 3 consecutive months. Client #1's record indicated the QIDP completed Monthly Summaries for October 2013 and one for June 2014. Client #1's record indicated the QIDP did not review client #1's data/complete Monthly Summaries for the above mentioned objectives from November 2013 to May 2014. Interview with the QIDP and the Clinical Supervisor (CS) #1 on 7/10/14 at 2:45 PM indicated the current QIDP was not the QIDP for the group home at that time. The CS stated "The former QIDP probably did not do them (Monthly Summaries)." 9-3-3(a)			
W000312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral			

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	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 interview and record review for 1 of 2 sampled clients (#1), on behavior controlling medications, the facility failed to ensure the client had an active treatment program with a plan of reduction for the use of a medication ordered for Depression (Prozac). Findings include: Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 5/28/14 physician's order indicated client #1 received Prozac 20 milligrams daily for Depression. Client #1's 10/8/13 Behavioral Support Plan (BSP) indicated client #1 received Prozac for Depression. client #1's BSP indicated client #1 demonstrated the following targeted behaviors: -Preoccupation with fire setting -Fire setting -Property destruction -Self-injurious behavior -physical aggression. Client #1's 10/8/13 BSP did not indicate/define how client #1 demonstrated Depression, include an active treatment program for Depression and/or include a plan of reduction based	W000312	**CORRECTION:** *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.* Specifically Client #1 the use of Prozac will be incorporated into the Behavior Support Plan with an accompanying plan of reduction. A review of facility behavior support plans and medication administration records indicated this deficient practice did not affect any additional clients. **PREVENTION:** The QIDP will be retrained regarding the need to incorporate the use of all behavior controlling medications into Behavior Support Plans as well as the need to develop plans to reduce and eventually eliminate the use of such medications. The Governing Body has added an additional layer of supervision at the facility to assist the QIDP with focusing on support plan development and monitoring. Members of the Operations Team will review facility support documents no less than monthly to assure the use of all behavior	08/20/2014

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	on the behaviors for which the client received the medication. Interview with Clinical Supervisor (CS) #1 and the Qualified Intellectual Disabilities Professional (QIDP) on 7/10/14 at 2:45 PM indicated client #1 received Prozac for Depression. CS #1 indicated client #1's 10/8/13 BSP did not include an active treatment program for Depression for the use of the Prozac. CS #1 and the QIDP did not know how client #1's Depression was specifically defined. 9-3-5(a)		controlling medications into Behavior Support Plans, with accompanying plans for reduction. **RESPONSIBLE PARTIES:** Residential Manager, Team Leader, direct support staff, QIDP, Operations Team	
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility's nursing services failed to ensure a treatment ordered by a physician was started after it was ordered. Findings include: During the 7/9/14 observation period between 5:18 AM and 8:20 AM, at the group home, client #1 did not receive any treatments at the 7:00 AM medication pass.	W000331	**CORRECTION:** The facility must provide clients with nursing services in accordance with their needs. Specifically, Client #1's prescribed Lac Hydran Lotion has been obtained and is being administered as prescribed. **PREVENTION:** As soon as medications are prescribed, the staff person responsible for assisting clients with medical appointments will fax the prescription to the pharmacy and the facility nurse. The facility nurse or the nurse-on-call will	08/20/2014

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	Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 6/12/14 physician's order indicated "AmLactin Lot (lotion) 12% (Lachydrin 12% lotion) Apply to feet twice daily for dryness (7 AM, 9 PM)." Client #1's July 2014 Medication Administration Record (MAR) did not indicate client #1's AmLactin Lotion was on the 7/14 MAR. Interview with RN #1 on 7/10/14 at 2:45 PM, by phone, when asked when client #1's AmLactin Lotion was started, RN #1 stated "Pharmacy never received verbal order. Not listed on July 2014 MAR. Never got started." RN #1 indicated it was the responsibility of the group home's nurse to give the order to the pharmacy. 9-3-6(a)		follow-up to assure the medication is made available to the facility and that the order has been properly transcribed into the Medication and Treatment Administration Record. Similarly when verbal orders are received, the nurse will follow through to assure timely implantation. The facility nurse will complete a weekly audit of physician's orders, medication records and facility medication inventory no less than weekly, reporting the results to the Operations Team for necessary follow-up. Members of the Operations team including but not limited to the Nurse Manager will audit facility medical systems no less than twice monthly to assure that medications and treatments are started promptly after they have been prescribed. **RESPONSIBLE PARTIES:** Health Services Team, Residential Manager, Team Leader, direct support staff, QIDP, Operations Team.	
W000336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the facility's nursing services failed to	W000336	**CORRECTION:** *Nursing services must include, for those clients certified as not needing a medical care plan, a*	08/20/2014

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	conduct quarterly nursing assessments for clients who did not require a medical care plan. Findings include: Client #3's record was reviewed on 7/9/14 at 11:23 AM. Client #3's 5/28/14 physician's orders indicated client #3's diagnoses included, but were not limited to, Cerebral Palsy, Epilepsy, Acne, Porenche Microcephalt (disorder with the central nervous system), Kyphosis and Sensorineural Hearing Loss. Client #3's record indicated the facility's nurse conducted quarterly nursing examinations on 6/10/13, 3/31/14 and on 6/10/14. Client #3 did not have any additional quarterly nursing assessments/examinations between 6/10/13 and 3/31/14. Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 5/28/14 physician's order indicated client #1's diagnoses included, but were not limited to, Anemia and Glaucoma. Client #1's record indicated the facility's nurse conducted quarterly nursing examinations on 6/20/13, 3/27/14 and on 6/10/14. Client #1 did not have any additional quarterly nursing assessments/examinations between 6/20/13 and 3/27/14.		*review of their health status which must be on a quarterly or more frequent basis depending on client need.* Specifically, the facility has a new nurse that has been trained on expectations for quarterly nursing physicals and nursing physicals for the current quarter. **PREVENTION:** Copies of quarterly nursing physical examinations will be placed in the each individual's medical chart upon completion. The Nurse Manager will maintain a tracking system to assure quarterly nursing physical examinations are completed as required. Additionally, Operations Team members will review nursing documentation while conducting routine audits in the home, no less than monthly, to assure records of quarterly nursing evaluations are completed and filed appropriately. Copies of audits of medical charts will be provided to the facility nurse and nurse manager to facilitate appropriate follow-up. **RESPONSIBLE PARTIES:** Health Services Team, Residential Manager, Team Leader, direct support staff, QIDP, Operations Team	

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	Client #2's record was reviewed on 7/10/14 at 12:15 PM. Client #2's 5/28/14 physician's orders indicated client #2's diagnoses included, but were not limited to, Chronic Constipation, Legal Blindness, Retinal Degeneration, History of Bowel Obstruction, Insomnia and Dysphagia. Client #2's record indicated the facility's nurse conducted quarterly nursing examinations on 6/25/13, 3/27/14 and on 6/10/14. Client #2 did not have any additional quarterly nursing assessments/examinations between 6/25/13 and 3/27/14. Interview with RN #1 on 7/10/14 at 2:45 PM, by phone, when asked if clients #1, #2 and #3 had any additional quarterly nursing assessments, RN #1 stated "May not have been a nurse over the house at that time." 9-3-6(a)			
W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on 1 of 19 doses administered, the facility failed to ensure medications were administered without error for client #1.	W000369	**CORRECTION:** *The system for drug administration must assure that all drugs, including those that are*	08/20/2014

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	Findings include: During the 7/9/14 observation period between 5:18 AM and 8:20 AM, at the group home, staff #3 administered eye drops to client #1. At 5:44 AM, staff #3 placed Artificial Tears (Glaucoma) one drop in each of client #1's eyes. At 6:03 AM, staff #3 placed Dorzol/Timol (Glaucoma) one drop each in client #1's eyes, and at 6:24 AM, staff #3 placed Dorzol/Timol one drop each in client #1's eyes. Client #1's July 2014 Medication Administration Record (MAR) was reviewed on 7/9/14 at 6:43 AM. The 7/14 MAR indicated client #1 was to receive Brimonidine Solution (Glaucoma) one drop each eye. The 7/14 MAR indicated staff #3 initialed the 7/9/14 space for the Brimonidine drops as administered. At 6:24 AM when staff #3 was told he administered the Dorzol/Timol eye drops twice, staff #3 indicated he thought he administered the Brimonidine eye drops. Client #1's record was reviewed on 7/9/14 at 12:36 PM. Client #1's 5/28/14 physician's order indicated client #1 received the following (not all inclusive):		*self-administered, are administered without error.* Specifically, facility direct support staff will receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed. **PREVENTION:** The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will observe medication administration providing retraining and follow-up as needed to assure medications are administered without error. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations no less than three times monthly, including but not limited to auditing medication administration providing hands-on coaching and training as needed. **RESPONSIBLE PARTIES:** Health Services Team, Residential Manager, Team Leader, direct support staff, QIDP, Operations Team	

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	-"Artificial Tears Instill one drop in both eyes twice daily for severe Glaucoma." -"Brimonidine Sol (solution) 0.15% Instill 1 drop in both eyes three times daily. Allow 10 minutes between drops for Glaucoma." -"Dorzol/Timol Sol 2-0.5% Place 1 drop in both eyes twice daily for Glaucoma. Allow 10 minutes between different drops." Interview with staff #2 on 7/9/14 at 7:50 AM indicated staff #3 told staff #2 he had administered client #1's Dorzol/Timol eye drops twice. Staff #2 stated "It is up to the nurse to determine if it is a medication error." Interview with staff #2 on 7/9/14 at 8:05 AM stated "Per the on-call nurse, it is ok to give the other drop (Brimonidine) since just eye drops, and fill out med error report." 9-3-6(a)			