

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G262	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 SUNSHINE LN JEFFERSONVILLE, IN 47130
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 23, 24, 25, 26 and October 4, 2013</p> <p>Surveyor: Jo Anna Scott, QIDP</p> <p>Facility Number: 000782 Provider Number: 15G262 AIM Number: 100248980</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/16/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 2 of 4 sampled clients (clients #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to review the clients' ISPs (Individualized Support Plans) quarterly.</p>	W000159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Corrective Action: (Specific) The Program Manager will be in-serviced on reviewing all clients' Individualized</p>	11/03/2013

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>Findings include:</p> <p>The record review for client #2 was conducted on 9/24/13 at 12:49 PM. The training goals for client #2 were as follows:</p> <ol style="list-style-type: none"> 1. With 2 verbal prompts make healthy food choices and will eat appropriate size portions 60% of opportunities across 12 months. 2. Will count his medication prior to taking it with 2 verbal prompts 60% of opportunities across 12 months. 3. With 2 verbal prompts 60% of opportunities across 12 months learn and identify pedestrian safety signs from a picture chart to assist him with safety skills while out in community. 4. With 2 verbal prompts complete bathing steps 60% of opportunities across 12 consecutive months. 5. Identify a quarter and dime with 2 verbal prompts 60% of opportunities across 12 months." <p>The record did not include a quarterly review of training goals with recommendations for changes.</p> <p>The record review for client #3 was conducted on 9/24/13 at 11:00 AM. The training goals were as follows:</p> <ol style="list-style-type: none"> 1. Identify basic pedestrian signs with gestural prompts for 90% of opportunities per month for 12 		<p>Support Plans (ISP) quarterly. How others will be identified: (Systemic) The Program Manager will follow up on all consumer ISPs and will sign off on documentation quarterly to ensure that all information is appropriate and relevant for each consumer. Measures to be put in place: The Program Manager will be in-serviced on reviewing all clients' Individualized Support Plans (ISP) quarterly Monitoring of Corrective Action: The Program Manager will follow up on all consumer ISPs and will sign off on documentation quarterly to ensure that all information is appropriate and relevant for each consumer. Completion date: 11/03/13</p>				

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	<p>consecutive months.</p> <p>2. Will choose what he would like to do for exercise (ride stationary bike or take a walk for 15 minutes) with 2 gestural prompts from staff 70% of opportunities for 12 consecutive months.</p> <p>3. Will with visual cue bring his cup to the med room filled with nectar thick water for 100% of opportunities over 12 consecutive months.</p> <p>4. Will learn that 5 pennies = 1 nickel with 1 visual cue for 100% of opportunities per month for 12 consecutive months.</p> <p>5. Will display pedestrian safety skills with physical prompts for 70% of opportunities over 12 consecutive months."</p> <p>The record did not include a quarterly review of training goals with recommendations for changes.</p> <p>Interview with staff #3, Residential Manager, on 9/24/13 at 2:30 PM indicated she had not done the quarterly reviews for clients #2 and #3.</p> <p>9-3-3(a)</p>				

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W000230	<p>483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure the clients' ISPs (Individualized Support Plans) had training goals with individualized completion dates.</p> <p>Findings include:</p> <p>The ISP for client #1 was reviewed on 9/24/13 at 1:15 PM. The training goals were as follows:</p> <ol style="list-style-type: none"> 1. With 2 verbal prompts eat appropriate size portions 50% of opportunities across 12 consecutive months. 2. With 2 verbal prompts wash his hands and come to med (medication) room at appropriate time 50% of opportunities across 12 consecutive months. 3. Will use pedestrian safety skills when walking outside with 2 verbal prompts 60% of opportunities across 12 consecutive months. 4. Will complete bathing objectives with 2 verbal prompts 50% of opportunities across 12 consecutive months. 5. Will choose what he would like 	W000230	<p>W230: The objectives of the individual program plan must be assigned projected completion dates. Corrective Action: (Specific): The residential manager will be in-serviced on consumer training goals that reflect realistic criteria and timeframes for each individual. All consumer goals will be reviewed and revised if indicated to ensure that goals reflect realistic criteria and time frames. How others will be identified: (Systemic) The Residential Manager will complete quarterly reviews to ensure that consumer goals are current and reflect realistic time frame as well as obtaining individualized criteria specific to consumer. The program manager will review goals</p>	11/03/2013			

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	<p>to do for exercise i.e. (take a walk, ride stationary bike) for 10 minutes with 2 verbal prompts 50% of opportunities across 12 consecutive months."</p> <p>The ISP for client #2 was reviewed on 9/24/13 at 12:49 PM. The training goals for client #2 were as follows:</p> <ol style="list-style-type: none"> 1. With 2 verbal prompts make healthy food choices and will eat appropriate size portions 60% of opportunities across 12 months. 2. Will count his medication prior to taking it with 2 verbal prompts 60% of opportunities across 12 months. 3. With 2 verbal prompts 60% of opportunities across 12 months learn and identify pedestrian safety signs from a picture chart to assist him with safety skills while out in community. 4. With 2 verbal prompts complete bathing steps 60% of opportunities across 12 consecutive months. 5. Identify a quarter and dime with 2 verbal prompts 60% of opportunities across 12 months." <p>The ISP for client #3 was reviewed on 9/24/13 at 11:00 AM. The training goals were as follows:</p> <ol style="list-style-type: none"> 1. Identify basic pedestrian signs with gestural prompts for 90% of opportunities per month for 12 consecutive months. 		<p>quarterly Completion date: 11/03/13</p>				

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	<p>2. Will choose what he would like to do for exercise (ride stationary bike or take a walk for 15 minutes) with 2 gestural prompts from staff 70% of opportunities for 12 consecutive months.</p> <p>3. Will with visual cue bring his cup to the med room filled with nectar thick water for 100% of opportunities over 12 consecutive months.</p> <p>4. Will learn that 5 pennies = 1 nickel with 1 visual cue for 100% of opportunities per month for 12 consecutive months.</p> <p>5. Will display pedestrian safety skills with physical prompts for 70% of opportunities over 12 consecutive months."</p> <p>The ISP record review for client #4 was conducted on 9/24/13 at 9:45 AM. The training goals were as follows:</p> <p>"1. With one verbal prompt make healthy food choices and will eat appropriate size portions on 100% of occasions per month for 12 consecutive months.</p> <p>2. Bathe with 1 verbal prompt for 90% of opportunities for 12 consecutive months.</p> <p>3. With 2 prompts state the purpose of his medication Allopurinol with 2 verbal prompts 100% of opportunities across 12 consecutive months.</p> <p>4. Will floss his teeth with 1 verbal</p>			

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	<p>prompt for 100% of opportunities over 12 consecutive months.</p> <p>5. Correctly identify combinations of money with 2 verbal prompts for 75% of opportunities over 12 consecutive months.</p> <p>6. Display understanding of how much water he is able to drink with 2 verbal prompts for 85% of opportunities over 12 consecutive months.</p> <p>7. Will correctly identify his phone number with 2 verbal prompts for 95% of opportunities over 12 consecutive months.</p> <p>8. Will use safe pedestrian skills with 2 verbal prompts 80% of opportunities across 12 consecutive months.</p> <p>9. Will put away his clothes in the correct places with 2 verbal prompts for 75% of opportunities over 12 consecutive months.</p> <p>10. Complete his PT (Physical Therapy) exercise with 2 verbal prompts for 75% of opportunities over 12 consecutive months."</p> <p>Interview with staff #2, Program Manager, on 9/26/13 at 10:00 AM indicated the goals should be written with individualized dates to achieve rather than all completion dates being 12 consecutive months.</p>						

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W000261	<p>9-3-4(a)</p> <p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure the Human Rights Committee (HRC) included a member with no ownership or controlling interest in the facility. Findings include: The human rights committee meeting notes were reviewed on 10/1/13 at 9:00 AM. The committee notes indicated client #1 received two behavior medications. The medications were Buspirone and Chlorpromazine for physical aggression, refusals, non compliance and verbal aggression. The committee notes indicated client #2 received 3 medications for behavior. The medications were Lithium (verbal</p>			W000261	<p>W261: The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Corrective Action: (Specific): The facility will obtain an outside entity to fulfill the duties and responsibilities associated with the Human Rights Committee (HRC) committee. How others will be identified: (Systemic): The Human Rights Committee (HRC) chair will ensure that an outside entity is an active member of the Human Rights Committee meeting. Measures to be put in</p>		11/03/2013

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	<p>disruption, refusals, hyperactivity), Intuitiv (hyperactivity) and Risperidone (aggression). The committee notes for client #3 indicated he received Effexor, Buspar and Risperdal (physical aggression). The committee notes indicated client #4 received 3 medications for behavior. The medications included Klonopin, Thiothixene and Zyprexa (repeated verbal obsessing). The committee notes included only three signatures of people attending the meeting.</p> <p>Interview with staff #1, Operations Manager on 9/26/13 at 11:00 AM indicated the human rights committee did not have any members currently except employees and a client.</p> <p>9-3-4(a)</p>		<p>place: Operation will obtain an outside entity to fulfill the duties and responsibilities associated with the HRC committee.</p> <p>Monitoring of Corrective Action: The Human Rights Committee (HRC) chair will ensure that an outside entity is an active member of the Human Rights Committee meeting.</p> <p>Completion date: 11/03/13</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>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 for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure reduction plans were attainable.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 9/24/13 at 1:15 PM. The BSP (Behavior Support Plan) dated 11/30/12 indicated client #1 received Bupirone and Chlorpromazine for physical aggression, refusals, non compliance, verbal aggression. The reduction plan indicated "When the goal for physical aggression has been met the IDT (Interdisciplinary Team) will meet to discuss reduction." The BSP indicated the targeted behaviors for client #1 included physical aggression, verbal disruption, non-compliance, interrupting others, and leaving assigned areas. The goal for each of the targeted behaviors indicated "[Client #1] will engage in no more than ten (10) occurrences for 12 consecutive months."</p>	W000312	<p>W312: Drugs used for control of inappropriate behavior must be used only as an integral part of the client's behavior individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Corrective Action: (Specific): The residential manager will be in-serviced on the ensuring that drug reduction plans are attainable and relevant to target behaviors when developing behavior support plans. How others will be identified: (Systemic): All client Behavior Support Plans will be reviewed and revised as necessary. The Program Manager will review plans at monthly site visits to ensure that drug reduction plans are attainable and relevant to target behaviors. Measures to be put in place: The residential manager will be in-serviced on the ensuring that drug reduction plans are attainable and relevant to target behaviors when developing behavior support plans. Monitoring of Corrective Action: All client Behavior Support Plans will be reviewed and revised as</p>	11/03/2013			

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	<p>The record review for client #2 was conducted on 9/24/13 at 12:49 PM. The BSP dated 5/22/13 indicated client #2 received Lithium for verbal disruption, refusals and hyperactivity, Intuitiv for hyperactivity and Risperidone for aggression, Lamictal for aggression and depression, and Trazodone for anxiety. The reduction plan indicated "When the goal of property destruction has been met, the IDT will meet to discuss a reduction." The targeted behaviors for client #2 included non-compliance, hyperactivity, leaving assigned areas, borrowing without permission, physical aggression, property destruction. The goal for each of the targeted behaviors indicated "[Client #2] will have 0 occurrences of non-compliance and hyperactivity, 15 occurrences of leaving assigned area for three consecutive months, 10 or fewer occurrences of taking without permission, 10 or fewer for physical aggression, property destruction, verbal aggression and tantrum."</p> <p>The record review for client #3 was conducted on 9/24/13 at 11:00 AM. The BSP dated 7/3/13 indicated client #3 received Effexor, Buspar and Risperdal for physical aggression. The reduction plan indicated "When the goal of physical aggression, hitting walls,</p>		necessary. The Program Manager will review plans at monthly site visits to ensure that drug reduction plans are attainable and relevant to target behaviors. Completion date: 11/03/13				

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	<p>throwing items, breaking items are met IDT will meet to discuss a reduction." The targeted behavior for client #3 indicated physical aggression. The goal for the targeted behavior indicated "[client #3] will have 0 occurrences of physical aggression."</p> <p>The record review for client #4 was conducted on 9/24/13 at 9:45 AM. The BSP dated 3/18/13 indicated client #4 received Klonopin, Thiothixene, and Zyprexa for psychosis (organic hallucinations), major depression, psychogenic polydipsia. The reduction plan indicated "When the goal for psychosis of not seeing and hearing things has been met IDT team will meet to discuss reduction." The targeted behaviors for client #4 indicated hallucinations and anxiety. The goal for the targeted behaviors "[client #4] will have 5 or fewer episodes for three consecutive months."</p> <p>Interview with staff #3, Residential Manager, on 9/24/13 at 2:00 PM indicated the writing of behavior plans had been added to her job recently and she wasn't sure she did them correctly.</p> <p>Interview with staff #2, Program Manager, on 9/26/13 at 9:30 AM indicated she had not been able to</p>			

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W000323	<p>review the plans.</p> <p>9-3-5(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to ensure the hearing and vision evaluation had been conducted annually.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 9/24/13 at 12:49 PM. The record indicated client #2 had been admitted to the facility on 5/22/13. There was no documentation in the client's record the client had a hearing or vision evaluation.</p> <p>Interview with staff #4, LPN (Licensed Practical Nurse) on 9/25/13 at 6:00 PM indicated there was no documentation a hearing or vision evaluation had been</p>	W000323	<p>W323: The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Corrective Action: (Specific): Client # 2 and #4 will have a hearing and vision exam scheduled. The residential manager and the nurse will be in-serviced on ensuring that all clients have annual evaluations of vision and hearing. How others will be identified: (Systemic): The Director of Health Services will review client charts at least quarterly to ensure that all clients are receiving annual vision and hearing evaluations. Measures to be put in place: Client # 2 and #4 will have a hearing and vision exam scheduled. The residential manager and the nurse will be in-serviced on ensuring that all clients have annual evaluations of vision and hearing. Monitoring of</p>	11/03/2013

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W000336	<p>conducted.</p> <p>9-3-6(a)</p> <p>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 record review and interview for 1 of 4 sampled clients (client #2), the facility nurse failed to provide a quarterly review of the client's health status.</p> <p>Findings include:</p> <p>The record review for client #2 was conducted on 9/24/13 at 12:49 PM. The record indicated the client has been admitted on 5/22/13. There was no record of a quarterly review.</p> <p>Interview with staff #4, LPN (Licensed Practical Nurse) on 9/25/13 at 6:00 PM indicated the review had not been done.</p> <p>9-3-6(a)</p>	W000336	<p>Corrective Action: The Director of Health Services will review client charts at least quarterly to ensure that all clients are receiving annual vision and hearing evaluations. Completion date: 11/03/13</p> <p>W336: Nursing services must include, for those clients certified as not meeting a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Corrective Action: (Specific): The Nurse will be in-serviced on the completion of quarterly reviews regarding the client's health status. How others will be identified: (Systemic): The Director of Health Services will review client charts at site visits at least quarterly to ensure that all clients have had a quarterly review of health status completed. Measures to be put in place: Nurse will be in-serviced on policy and procedure regarding consumer medical care plans and quarterly reviews. Director of Nursing will follow up to ensure that follow up and quarterly reviews are completed. Monitoring of Corrective Action: The Director of</p>	11/03/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G262	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2013
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