

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2011
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7919 SAN RICARDO DR INDIANAPOLIS, IN46256
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W0000	<p>This visit was for a recertification and state licensure survey. This visit included the investigation of complaint #IN00099774.</p> <p>Complaint #IN00099774: Substantiated, W249 cited.</p> <p>Dates of survey: 11/28/11,11/29/11, 11/30/11 and 12/05/11</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on 12/20/2011 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients (clients A, C, D), the facility staff failed to implement the self administration of medication objectives indicated in the Individual Support Plans (ISPs) for clients A, C and D.</p> <p>Findings include:</p> <p>1. During observation of staff administering medications on 11/29/11 at 6:40 AM to client A, staff #1 failed to implement the self-administration medication objective for client A.</p> <p>Client A's records were reviewed on 11/30/11 at 9:53 AM. The ISP, dated 11/30/10, indicated client A had an instructional objective to "... identify his Zyprexa [behavior]." Client A was not asked to identify the medication, Zyprexa.</p> <p>2. During observation of staff #1</p>	W0249	<p>CORRECTION: <i>As soon as the interdisciplinary team has formulated the client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</i> Specifically for Clients A, C and D, all staff have been retrained on the need to implement learning objectives per the implementation schedule, including but not limited to medication education objectives.</p> <p>PREVENTION: Professional staff will provide on the job role model training to direct support staff to assure expectations of continuous active treatment are met. On an ongoing basis, members of the Operations Team will complete periodic observations of active treatment sessions to assure continuous active treatment occurs including but not limited to during the administration of medication. Operations Team members will also provide supplemental staff training as needed. Responsible</p>	01/06/2012	

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	<p>administering medications, at 6:45 AM to client C, staff #1 failed to implement the self-administration medication objective for client C.</p> <p>Client C's records were reviewed on 11/29/11 at 2:05 PM. The ISP, dated 07/16/11, indicated client C had an instructional objective to "... identify his Fluoxetine [behavior] and state the side affects." Client C was not asked to identify his Fluoxetine or state the side effects.</p> <p>3. During observation of staff administering medications, on 11/29/11 at 6:00 AM to client D, staff #1 failed to implement the self-administration medication objective for client D.</p> <p>Client D's records were reviewed on 11/29/11 at 12:26 PM. The ISP, dated 07/16/11, indicated client D had an instructional objective to, "... identify his Fluoxetine [behavior] and state the side affects." Client D was not asked to identify his Fluoxetine or state the side effects.</p>		Parties: QDDPD, Support Associates, Operations Team		

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

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FORM APPROVED

OMB NO. 0938-0391

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	On 11/29/11 at 11:30 AM, Administrative Staff #3 could not provide information indicating the instructional objectives had been implemented. 9-3-4(a)				