

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/28/2011
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN47042
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 21, 22, 23 and 28, 2011</p> <p>Facility Number: 000775 Provider Number: 15G255 Aim Number: 100248960</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 12/15/11 by Tim Shebel, Medical Surveyor III.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 4 sampled clients (clients #1, #2 and #3), the governing body failed to exercise operating direction over the facility to ensure the client's personal funds were not used to provide a dental treatment.</p> <p>Findings include:</p>	W0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over facility.</p> <p>Corrective action:</p>	12/23/2011

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>The review of client #1's finances was conducted on 11/21/11 at 12:20 PM. The Resident Fund Management Service (RFMS) account for client #1 indicated money was deducted from his account for non-covered Medicaid expense on the dates of 6/9/11 in the amount of \$38.00, 8/17/11 in the amount of \$38.00 and 10/7/11 in the amount of \$38.00. The total deducted from client #1's RFMS account for non-covered Medicaid expense was \$114.00</p> <p>The review of client #2's finances was conducted on 11/21/11 at 12:25 PM. The RFMS account for client #2 indicated money was deducted from his account for non-covered Medicaid expense on the dates of 6/9/11 in the amount of \$38.00, on 6//13/11 in the amount of \$19.93, on 8/17/11 in the amount of \$38.00 and on 10/7/11 in the amount of \$38.00. The total deducted from client #2's RFMS account for non-covered Medicaid expense was \$133.93.</p> <p>The review of client #3's finances was conducted on 11/21/11 at 12:30 PM. The RFMS account for client #3 indicated money was deducted from his account for non-covered Medicaid expense on the dates of 9/8/11 in the amount of \$38.00, on 10/7/11 in the amount of \$38.00 and on 10/7/11 in the amount of \$69.11. The total deducted from client #3's RFMS account for non-covered Medicaid expense was \$85.11.</p> <p>Interview with staff #3, Home Manager, on 11/21/11 at 3:30 PM indicated the charge was for a dental treatment that was not covered by Medicaid.</p> <p>Interview with staff #10, Accounts Payable, on 11/21/11 at 1::00 PM indicated the money was used from the clients personal account to pay the</p>		<p>Social Services Director, Accounts Payable staff have been inserviced that in lieu of clients paying and lowering liabilities for non covered Medicaid services, within per diems, ResCare will remit payment (Attachment A).</p> <p>How we will identify others: Social Services Director will review client non covered Medicaid services, within per diems, to ensure that non covered Medicaid services, within per diem, have not been paid out of RFMS accounts.</p> <p>Measures to be put in place: Social Services Director will review client non covered Medicaid services, within per diems, to ensure that they are being paid by ResCare.</p> <p>Monitoring of Corrective Action: Executive Director will review client non covered</p>				

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W0251	<p>charges that Medicaid would not cover. Staff #10, Accounts Payable, indicated after they paid the charge, they would enter a liability reduction request. Staff #10 indicated if and when they got the reduction, they would reimburse the client.</p> <p>9-3-1(a)</p> <p>Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional and nonprofessional staff.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client #1), the facility failed to ensure the client's individual program plan was implemented by all staff.</p> <p>Findings include:</p> <p>During the observation period on 4/21/11 from 3:00 PM to 6:45 PM, client #1 did not participate in any activity other than putting a puzzle together and staying in his room. At 3:00 PM to 4:30 PM, client #1 stayed in his room. Staff #2, HM, did go to client #1's room and ask him if he wanted to come out and</p>	W0251	<p>Medicaid services, within per diem, to ensure that services are paid for correctly</p> <p>Completion Date: 12-23-2011</p> <p>W251: Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional and nonprofessional staff</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Client #1's Daily Active Treatment schedule has been revised (Attachment A). · Staff have been 	12/23/2011

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	<p>work on his puzzles. Client #1 did not come out of his room until 4:30 PM. The living room had a table with jig-jaw puzzles lined up along the edge. There was one puzzle in the middle of the table that client #1 was working on. Client #1 went back into his room at 5:10 PM when staff #4 and client #3 went on an outing. Staff #2, HM, indicated client #1 was "fond" of staff #4. Staff #2, HM, told client #1 that staff #4 would return soon and he needed to come and eat supper. Client #1 went to the bathroom at 5:25 PM and did not come out until 6:05 PM. Staff #4 had returned from the outing at 6:00 PM. Client #1 did come to the dining room at 6:05 PM after everyone else had finished their meal. Client #1 did take his glass to the sink when he was finished eating but left his plate and utensils on the table. Client #1 was not prompted to come back and clean the table.</p> <p>During the observation period on 11/22/11 from 6:00 AM to 3:00</p>		<p>inserviced on following program planning as written (Attachment B).</p> <p>How we will identify others: Program Coordinators will review Active treatment schedules with staff to ensure that staff are following..</p> <p>Measures to be put in place: Program Coordinators, Home Managers will perform weekly Active Treatment observations to ensure that staff are following program plans (Attachment C).</p> <p>Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that staff are performing active treatment and implementing program plans as written.</p>				

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	<p>PM, client #1 did not get up until his housemates had left for their day program at 8:31 AM. He received his medication and came into the kitchen at 9:15 AM. Client #3 stayed home from the day program and was sitting at the table eating a piece of toast and client #1 ate a bowl of cereal. Client #1 did not sit the table or prepare his cereal. Client #1 did not take his dishes to the sink and was not prompted by staff to take them to the sink. Client #1 went to his room and stayed until staff #4 returned from taking another client to the doctor at 11:30 AM. Staff #4 did ask him if he wanted to watch TV or work on puzzles, and he did sit at the puzzle table. Staff #5 came in at 2:00 PM. Client #1 did eat lunch that staff #2 prepared with staff #5 sitting with him at the puzzle table. Staff #5 took the dishes to the sink when he had finished.</p> <p>The record review for client #1 was conducted on 11/22/11 at 9:22 AM.</p>		<p>Completion Date: 12-23-2011</p>	
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	<p>The record indicated client #1 had retired from the workshop and stayed at home while his peers went to the workshop. The daily activity schedule for client #1 was undated but specified the following activities:</p> <p>8:00 AM - 9:00 AM -- Choice of leisure activities/exercise. May choose to ride to WS (workshop) if chooses.</p> <p>9:00 AM to 10:00 AM -- Clean room (PRN)[as needed], laundry (PRN), socialization, snack.</p> <p>10:00 AM to 11:00 AM -- unload dishwasher, other chores (PRN), start to prepare lunch.</p> <p>11:00 AM to 11:30 AM -- lunch/choice, leisure/nap/exercise.</p> <p>12:00 PM to 1:00 PM -- prepare and take bath/grooming.</p> <p>1:00 PM to 2:00 PM -- clean bathroom/relax.</p> <p>2:00 PM to 3:00 PM -- games/TV/snack/walk (weather permitting). May ride to WS if chooses."</p> <p>Interview with staff #2, Home</p>				

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W0257	<p>Manager (HM) on 4/21/11 at 6:25 PM indicated client #1 was retired from the day program and he stayed home during the day. Staff #2, HM, indicated client #1 did not get up with the other clients to eat breakfast and since he ate his lunch late, he didn't usually get in any hurry to eat at night. Staff #2, HM, indicated client #1 did go on appointments with staff and to the stores to purchase supplies. Staff #2, HM, indicated client #1 did not like to get up until the others in the house had gone to workshop and because he ate breakfast late, all the meals were later.</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview for 1 of 4 sample clients (client #4), the Qualified Mental Retardation Professional (QMRP) failed to modify/change the self medication goal when no progress had been made in four months.</p> <p>Findings include:</p>	W0257	W257: The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward	12/23/2011	

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	<p>The record review for client #4 was conducted on 11/22/11 at 11:09 AM. The Individual Support Plan (ISP) was dated 3/1/11. The ISP had a formal self medication objectives as follows: "[Client #4] will state the use for Plavix (blood thinner) with 1 verbal prompts (sic) 70% of the opportunities per months across 6 consecutive months by 3/1/12.</p> <p>The QMRP monthly reviews indicated in July, August, September and October, 2011 client #1 had achieved 0% success in achieving the goal.</p> <p>Interview with staff #3, Home Manager (HM), was conducted on 11/22/11 at 3:00 PM. Staff #3, HM, indicated she did not know why client #1 was not achieving the goal. Staff #3, HM, indicated the staff "might" not know how to do the object or client #4 refused.</p> <p>Interview with staff #2, QMRP, was conducted by phone on 11/28/11 at 10:53 AM. Staff #2, QMRP, indicated the staff did not understand the methodology and needed to be retrained on the goals. Staff #2, QMRP, indicated he was unable to attend the last staff meeting and therefore the goal had not been changed and the staff had not been retrained on the goal.</p> <p>9-3-4(a)</p>		<p>identified objectives after reasonable efforts have been made. Corrective action: · IDT has been held to review Client #4's goal with staff, staff were inserviced on implementation of programming as written and progress has been made (Attachment D). How we will identify others: Program Coordinators will review client goals with staff to ensure that all staff have been inserviced on implementation of goals as written. Measures to be put in place: Program Coordinators, Home Managers will perform weekly Active Treatment observations to ensure that staff are following program plans (Attachment C). Quarterly Reviews have been implemented (Attachment E) and Program Coordinators inserviced in performing quarterly reviews and revising goals, if needed (Attachment E). Monitoring of Corrective Action: Director of Supervised Group Living, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that quarterly reviews are being done and goals revised, as needed, Completion Date: 12-23-2011</p>		