

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2011
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN47143
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W0000	<p>This visit was for an investigation of complaint #IN00097733.</p> <p>Complaint #IN00097733: Substantiated. Federal and state findings related to the investigation are cited at W210.</p> <p>Dates of Survey: October 12, 13 and 14, 2011.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000723 AIM Number: 100234760 Provider Number: 15G193</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9.</p> <p>Quality Review completed on 11/2/11 by W. Chris Greeney, ICF-ID Surveyor Supervisor</p>	W0000		
W0210	<p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client A), the facility failed to reassess client A's behaviors and relevance of his placement with regard to the client's needs.</p>	W0210	<p>PROVIDER IDENTIFICATION #15G193 NAME OF PROVIDER: RES CARE COMMUNITY ALT. SE. IN. ADDRESS: 13711 Bennettsville Rd, Memphis, IN 47143</p>	11/14/2011

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>Findings include:</p> <p>During observation of the meal preparation on 10/12/11 from 4:45 PM until 6:00 PM client A was observed to prepare pork chops on a gas grill on the patio, mashed potatoes, salad, and broccoli. the client was observed to prepare the meal with staff #10 in attendance. Client A responded to verbal cues from staff #10. Client A was observed to be capable of reading labels, measuring ingredients and adjusting temperatures on the cook top and grill. Client A independently set the table for the evening meal at 5:15 PM. During the evening observation client A was observed to interact with staff and not his housemates (clients B, C, D, E, F, and G).</p> <p>Facility investigations were reviewed on 10/12/11 at 1:10 PM. The review indicated an incident wherein staff #3 was assisting clients with preparing hamburgers for the evening meal on 9/27/11 at 5:00 PM. Client A indicated to staff #3 he wanted a differently packaged hamburger patty instead of the ones being prepared. Staff #3 indicated to client A he was using the patties which were purchased first. Client A became upset, punched staff #3 in the face and bending his eyeglasses. As staff #3 attempted to intervene in the physical aggression, the</p>		<p>DATE SURVEY COMPLETED: 10/14/2011</p> <p>PROVIDER'S PLAN OF CORRECTION</p> <p>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective Action: (Specific) An IDT will be held with Client A and with their prospective guardians or parent if applicable, or their prospective health care representative, to review Client A's Assessments, ISP, BSP and Behavior Documentation in regards to Client A's placement with regard to Client A's needs.</p> <p>How others will be identified: (Systemic) At the annual ISP meeting of each client, their QMRP and their IDT will review their annual assessments, ISP, BSP and Behavior Documentation in regards to the client's placement with regard to the client's needs.</p> <p>Measures to be put in place: The Program Coordinator/QMRP will be retrained on that each client's assessments, ISP, BSP and Behavior Documentation will</p>		

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	<p>two of them fell with client A on top of staff #3. Client A continued hitting staff #3 while he was physically on top of staff #3. Staff #4, was assisting client D in the bedroom hallway and heard the incident. Staff #4 verbally redirected client A to stop his physical aggression. Client A responded to the prompting and the physical aggression stopped.</p> <p>Review of client A's record on 10/13/11 at 11:25 AM indicated he had a behavior support plan/BSP dated 9/13/11 with an accompanying ISP/individual support plan dated 9/13/11. the review of the ISP indicated the client was capable of doing all adult daily living tasks, (bathing, dressing, housekeeping, grooming, oral hygiene, knew his medications, could tell time and make purchases independently) but refused to do things such as take his medications and refused to brush his teeth. The review indicated the BSP and the ISP had been written by program coordinator staff #2 instead of behavior specialist staff #9. The record review indicated the client's medication, lithium (used for mood and bi-polar disorder) had been increased on 10/04/11 from 600 mg./milligrams daily to 900 mg daily. This was the only program revision for client A after his physical aggression to staff #3 on 9/27/11. The client's behavior program had not been revised nor had the</p>		<p>be reviewed at least annually by the client's IDT in regards to the client's placement with regard to the client's needs. And that the client's Behavior Documentation will be reviewed monthly by the QMRP.</p> <p>Monitoring of Corrective Action: Comprehensive Functional Assessments, ISPs, BSPs and Behavior Documentation will be reviewed by the QMRP at least annually in regards to the clients' placement with regard to the client's needs. The QMRP will review the clients' Behavior Documentation monthly in regards to the clients' placement with regard to the clients' needs.</p> <p>Completion Date: 11/14/2011</p> <p>-</p>		

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	<p>client's severe physical aggression and non-compliant behaviors been reassessed. The 10/12/11 1:00 PM review of the 10/12/11 Community Residential Facility Surveyor Worksheet indicated the facility client A resided in was a developmental skills training facility.</p> <p>Interview with staff #4 on 10/14/11 at 2:00 PM indicated she verbally redirected client A instead of physically redirecting due to fear of being hit herself. The interview indicated client A was focused on his aggression toward staff #3 and did not appear to hear her as she verbally redirected him. The interview indicated client A "bragged" to his peers/housemates (clients B, C, D, E, F, and G) he had gotten staff #3 fired. The interview indicated client A would threaten staff and indicated he did not belong at the facility. The interview indicated client A refused to do his program plan objectives, called his housemates "retarded" and would not interact with his housemates.</p> <p>Interview with staff #1 on 10/13/11 at 2:15 PM indicated client A refused to do his programs and would refuse to get onto the facility van and make his housemates late for work. The interview indicated client A would stand behind the facility's van so the van could not leave with the</p>				

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	<p>other clients. The interview indicated the client's severe physical aggression was unmanageable in the current placement. The interview indicated the client's placement should be reassessed and a placement which focused on behavioral management needs should be sought for client A.</p> <p>Interview with staff #6 on 10/12/11 at 12:00 PM indicated client A would be better served in a more structured facility where his behaviors could be addressed.</p> <p>This federal tag relates to Complaint #IN00097733.</p> <p>9-3-4(a)</p>				