

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G106	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/22/2013
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 4122 TRIPLE CROWN NEWBURGH, IN 47630
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W000000	<p>This visit was for investigation of Complaint #IN00124934.</p> <p>Complaint #IN00124934 - Substantiated. Federal and state deficiencies related to the allegations are cited at W104, W385, and W431.</p> <p>Dates of Survey: March 18, 19, 20 and 22, 2013</p> <p>Facility Number: 000643 Provider Number: 15G106 AIMS Number: 100234140</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 completed April 5, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000		

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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W000104	<p><b>483.410(a)(1) GOVERNING BODY</b> The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled client (Clients A, B, C, and D) and 3 additional clients (Clients E, F, and G), the governing body failed to ensure the bathrooms were clean, the damaged wall had been repaired and ceiling in the kitchen had been repaired, and the destruction record of controlled drugs was maintained.</p> <p>Findings include:</p> <p>During the observation period on 3/18/13 from 12:00 PM to 2:30 PM, it was noted the entry hall inside the front door had a 4" (inch) circle hole in the wall. The hole was approximately 1 foot from the floor. Clients A, B, C, D, E, F and G all used the front door. The kitchen ceiling had 3 new lights. The spots where the old lights had been were not repaired.</p> <p>During the observation period on 3/19/13 from 6:00 AM to 9:45 AM, the bathroom adjoining client E's bedroom was not clean. The floor corners had not been swept/mopped. The shower door track and the calking around the shower stall also had residue.</p>	W000104	<p><b>W104:</b></p> <p>-The facility will ensure that bathrooms are kept clean, internal damaged areas are kept repaired, and a destruction record of controlled drugs will be kept maintained.</p> <p>-Staff will be trained on ensuring that the home is kept clean with emphasis on the bathroom.</p> <p>-Staff will be trained on notifying their PC in regards to damaged property within the home that needs repaired.</p> <p>-Staff will be trained on ensuring that a destruction record of controlled drugs is kept and maintained.</p> <p>-The Program Coordinator will conduct weekly home visits to ensure that the home is clean with emphasis on the bathrooms, that there are no damaged areas to the home that need repaired, and that a destruction record of controlled drugs is being kept and maintained.</p> <p>-The Operations Manager will conduct bi-weekly home visits to ensure that the home is clean with emphasis on the bathrooms,</p>	04/21/2013			

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	<p>Interview with staff #2, HM (Home Manager), on 3/18/13 at 1:10 PM indicated client A had kicked the hallway wall during a behavior. Staff #2 indicated a work order had been placed "approximately" a month ago for the damaged wall, but it had not been repaired. Staff #1, Operations Manager, indicated on 3/19/13 at 2:00 PM, the kitchen lights had been installed recently, but she did not know when the ceiling would be repaired. Interview with Staff #1, Operations Manager, on 3/19/13 at 8:30 AM indicated the shower in client E's bathroom was "dirty" and the entire room needed to be cleaned.</p> <p>Review of the medical records was conducted on 3/19/13 at 8:30 AM. The Home Manager and the Operations Manager were unable to provide a copy of the medication destruction sheet when requested. After a search of the office area, the Operations Manager provided one sheet that listed two drugs which had been disposed of in February 2013. There were no other records of destroyed medications.</p> <p>Interview with staff #3, Director of Nursing, on 3/20/13 at 10:30 AM, indicated the medication destruction sheet was to be kept in the medicine room in a binder. Staff #3, Director of Nursing,</p>		<p>that there are no damaged areas to the home that need repaired, and that a destruction record of controlled drugs is being kept and maintained.</p> <p>-The Property Manager will ensure that all damaged areas that were cited by the surveyor are repaired on the property and that any future damaged areas are repaired within a reasonable time frame.</p> <p>-The Nurse will conduct bi-weekly home visits to ensure that a destruction record of controlled drugs is being kept and maintained.</p> <p>Persons Responsible: Staff, Program Coordinator, Operations Manager, Property Manager, Nurse</p>				

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	<p>indicated the binder was "usually" kept in the locked medicine cabinet.</p> <p>This federal tag relates to complaint #IN00124934.</p> <p>9-3-1(a)</p>				

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W000385	<p><b>483.460(l)(3)</b> <b>DRUG STORAGE AND RECORDKEEPING</b> The facility must maintain records of the receipt and disposition of all controlled drugs.</p> <p>Based on observation, record review, and interview for 4 of 4 sampled clients (clients A, B, C, and D), the facility failed to provide medication destruction.</p> <p>Findings include:</p> <p>During the observation period on 3/19/13 from 6:00 AM to 9:30 AM, the medication administration started at 6:05 AM. The medications were kept in a locked cabinet and controlled medications were locked inside a box in the locked cabinet. Staff #2, HM (Home Manager), administered the medications. Staff #2, HM showed the medication waiting for disposal in the locked cabinet.</p> <p>The medication destruction log was requested at 8:30 AM on 3/19/13. Staff #2, HM (Home Manager), went to a desk area in the kitchen and indicated the list should be in the front of the record book. There was no list. Staff #2, HM, went to a desk in the living room area and came back with a sheet that had two medications listed which indicated they had been destroyed in February 2013. No other medication destruction records were available. Staff #5, Home Nurse,</p>	W000385	<p><b>W385:</b></p> <p>-The facility will ensure that a destruction record of controlled drugs will be kept maintained.</p> <p>-Staff will be trained on ensuring that a destruction record of controlled drugs will be kept maintained.</p> <p>-The Program Coordinator will conduct weekly home visits to ensure that a destruction record of controlled drugs is being kept and maintained.</p> <p>-The Operations Manager will conduct bi-weekly home visits to ensure that a destruction record of controlled drugs is being kept and maintained.</p> <p>-The Nurse will conduct bi-weekly home visits to ensure that a destruction record of controlled drugs is being kept and maintained.</p> <p>Persons Responsible: Staff, Program Coordinator, Operations Manager, Nurse</p>	04/21/2013			

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	<p>indicated the medication destruction sheets should have been in the medicine room in a binder.</p> <p>The Disposition of Medication procedure (undated) was reviewed on 3/18/13 at 2:30 PM. The procedure indicated the following: "All medications that are expired, discontinued or dropped must be handled according to the following procedures:</p> <ol style="list-style-type: none"> <li>1. When a medication is discontinued or expired, it must be removed from the individual's bin and placed in the D/C (discontinued): expired bin. If a medication is dropped the nurse must be notified for instructions.</li> <li>2. The nurse will be responsible for ensuring that drugs are disposed of properly.</li> <li>3. There must be two witnesses when medications are being disposed then documented on Medication Destruction Log. Please remove or obliterate the name on the medication container before disposing of the medication card.</li> <li>4. The nurse will be notified when a medication has been discontinued or dropped and disposal of the medication is required. If the medication is NOT a controlled medication or a psychiatric medication, two staff members may destroy the medication. Both staff must document and verify the following items</li> </ol>						

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	<p>prior to signing the Medication Destruction Log:</p> <ul style="list-style-type: none"> <li>* Name of person medication was prescribed for</li> <li>* Medication name and strength</li> <li>* Rx# (prescription number)</li> <li>* Amount destroyed</li> <li>* Method of destruction</li> <li>* Reason for destruction</li> <li>* Signature of both staff persons</li> <li>* Date of Destruction.</li> </ul> <p>5. All controlled medications and psychiatric medication must be destroyed by a nurse and a witness must be present to verify and sign off on the Medication Destruction Log."</p> <p>Interview with the Director of Nursing on 3/20/13 at 10:30 AM indicated the home should have a medication destruction log in the medication area in a binder.</p> <p>This federal tag relates to complaint #IN00124934.</p> <p>9-3-6(a)</p>				

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W000431	<p><b>483.470(f)(1) FLOORS</b> The facility must have floors that have a resilient, nonabrasive, and slip-resistant surface.</p> <p>Based on observation and interview for 4 of 4 sampled clients (clients A, B, C, and D), and 3 additional clients (clients E, F, and G), the facility failed to provide a slip resistant floor surface for clients to stand on when getting out of the shower/bathtub.</p> <p>Findings include:</p> <p>During the observation period on 3/19/2013 from 6:00 AM to 9:30 AM, three bathrooms were checked for slip resistant surfaces to stand on when getting out of the shower/bathtub. The floors were vinyl tiles in the bathing areas. No modifications to the floors were evident during observations.</p> <p>Interview with staff #5 on 3/19/2013 at 7:45 AM indicated the floors "got covered with water" when showers were taken.</p> <p>Interview with Staff #1, Operations Manager, on 3/19/2013 at 2:00 PM indicated they did not have any slip resistant surface on the bathroom floors.</p> <p>This federal tag relates to complaint #IN00124934.</p>	W000431	<p><b>W431:</b></p> <p>-The facility will ensure that the floors in front of the shower/bathtub have a resilient, non-abrasive, and slip-resistant surface.</p> <p>-Staff will be trained on ensuring that the PC is notified if there are any issues with the floors in front of the shower/bathtub related to the resilient, non-abrasive, and slip-resistant surface.</p> <p>-The Program Coordinator will conduct weekly home visits to ensure that modifications for health and safety purposes are appropriate and in place for the needs of the clients.</p> <p>-The Operations Manager will conduct bi-weekly home visits to ensure that modifications for health and safety purposes are appropriate and in place for the needs of the clients..</p> <p>-The Property Manager will ensure that the floors in front of the shower/bathtub have a resilient, non-abrasive, and slip-resistant surface and that these areas are kept in working condition through monthly observations of the home.</p>	04/21/2013			

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	9-3-7(a)		Persons Responsible: Staff, Program Coordinator, Operations Manager, Property Manager		