

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G509		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2030 MOSCOW RD GREENSBURG, IN 47240			
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 11/12/13, 11/13/13 and 11/14/13.</p> <p>Facility Number: 001023 Provider Number: 15G509 AIMS Number: 100245150</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/21/13 by Ruth Shackelford, QIDP.</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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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <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, record review and interview for 3 of 4 sampled clients (#1, #3 and #4), the facility failed to implement clients #1, #3 and #4's training objectives during formal/informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/12/13 from 4:00 PM through 6:00 PM. At 4:03 PM TL (Team Leader) #1 prompted client #4 to the medication administration area. TL #1 administered client #4's Boost Supplement Drink (Supplement), Buspirone Tablet 5 milligrams (Anxiety), Carb/Levo Tablet 25 milligram tablet (Tremors), Phenytoin Extended Release Capsule 100 milligrams (Seizures) and Polyethylene Glycol Powder (Constipation). TL #1 did not encourage or coach client #4 to participate in the administration of her medications. At 4:34 PM TL #1 prompted client #1 to the medication administration area. TL #1 administered client #1's Quetiapine Tablet</p>	W000249	<p>W249: 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. Corrective action: Staff have been inserviced on implementing medication goals and Active treatment (Attachment A). How we will identify others: Clinical Supervisors will perform Active Treatment observations (Attachment B) to ensure that active treatment is being provided and medication goals are implemented as written. Measures to be put in place: Active Treatment observations (Attachment B) will be conducted, at minimum weekly, by Clinical Supervisor to ensure that active treatment is being provided and medication goals are implemented. Monitoring of</p>	12/20/2013

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	<p>100 milligram (Bi-Polar) and Gabapentin Capsule 300 milligrams (Seizures). TL #1 did not encourage or coach client #1 to participate in the administration of her medications.</p> <p>Observations were conducted at the group home on 11/13/13 from 6:15 AM through 8:15 AM. At 6:44 AM SA (Support Associate) #1 prompted client #3 to the medication administration area. SA #1 administered client #3's Ammonium Lactate Lotion (Moisturizer), Calcium 600 milligram Tablet with Vitamin D (Supplement), Carbamazepine Tablet 200 milligrams (Seizures), Divalproex Tablet 250 milligrams (Seizures), Fish Oil Capsule 1000 milligrams (Supplement) and Levetiracetam Tablet 1000 milligrams (Seizures). SA #1 did not encourage or coach client #3 to participate in the administration of her medications.</p> <p>1. Client #1's record was reviewed on 11/13/13 at 8:48 AM. Client #1's ISP (Individual Support Plan) dated 3/7/13 indicated, "[Client #1] will apply Eucerin to her left foot with one physical prompt 40% of the opportunities per month for 6 consecutive months." Client #1's ISP dated 3/7/13 indicated client #1's "Priority Objectives" included medication administration.</p>		<p>Corrective Action: Clinical Supervisors will perform Weekly Active Treatment observations (Attachment B) to ensure medication goals are implemented as written. Operations Manager, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that Active Treatment is present and medication goals are implemented as written.</p> <p>12-20-2013-Addendum: Clinical Supervisors will perform Weekly Active Treatment observations (Attachment #1) to ensure Active Treatment is implemented as written. Operations Manager will perform bi-monthly EDOM checklist, including observation of Active Treatment. 1-8-2014, Addendum: Clinical Supervisor has been inserviced on performing Active treatment observations of medication goals (attachment 1a) twice weekly for 1 month to ensure staff compliance in implementing medication goals. Upon successful implementation of medication goal, after 1 month, weekly Active treatment observations will be performed. Completion Date: 12-3-2013</p>				

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	<p>2. Client #3's record was reviewed on 11/13/13 at 10:09 AM. Client #3's ISP dated 10/24/13 indicated, "[Client #3] will point to her Tegretol with 2 verbal prompts, 60% of opportunities per month." Client #3's ISP dated 10/24/13 indicated client #3's "Priority Objectives" included medication administration.</p> <p>3. Client #4's record was reviewed on 11/13/13 at 10:45 AM. Client #4's ISP dated 2/13/13 indicated, "[Client #4] will identify her Pheyntoin (sic) by pointing with 2 verbal pompts (sic) 65% of the opportunities per month." Client #4's ISP dated 2/13/13 indicated client #4's "Priority Objectives" included medication administration.</p> <p>TL #1 was interviewed on 11/13/13 at 1:00 PM. TL #1 indicated she had administered clients #1 and #4's medications on 11/12/13. TL #1 indicated clients #1 and #4 had formal medication administration goals. TL #1 indicated formal and informal medication administration training should occur at each opportunity. When asked if she had provided clients #1 and #4 with formal or informal training on 11/12/13, TL #1 stated, "No."</p> <p>Clinical Supervisor (CS) #1 was interviewed on 11/13/13 at 12:45 PM. CS</p>						

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	#1 indicated formal and informal training should occur at each opportunity. 9-3-4(a)			

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W000312	<p>483.450(e)(2) DRUG USAGE 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 1 of 4 sampled clients receiving medications to control behaviors (client #4), the facility failed to implement a plan of reduction the client could achieve to reduce and eventually eliminate the behavior for which the client received psychoactive medication.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 11/13/13 at 10:45 AM. Client #4's IDT (Interdisciplinary Team Meeting) form dated 3/29/13 indicated, "Added Buspar 5 milligrams BID (Two Times Daily) due to increase of SIB (Self Injurious Behavior). Client #4's POs (Physicians Orders) form dated 11/1/13 indicated, "Buspirone Tablet 5 milligrams dated 4/4/13." Client #4's BSP (Behavior Support Plan) addendum from dated 3/30/13 indicated client #4 received Buspar 5 milligrams (Anxiety) for SIB. Client #4's BSP dated 2/13/13 and/or BSP addendum dated 3/30/13 did not indicate documentation of a plan of reduction to reduce and/or</p>	W000312	<p>W312: 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. Corrective Action: Clinical Supervisor has been inserviced on including medication reduction plan to the Behavior Support Plan addendum when a new medication is prescribed (Attachment C). Medication Reduction plan has been included on Client #4's Behavior Support Plan addendum (Attachment D). How we will identify others: Clinical Supervisors will review medication reduction plans to ensure that reductions are included for each medication. Measures to be put in place: Operations Manager will review Behavior Support Plan addendums to ensure that medication reduction plans are included. Monitoring of Corrective Action: Operations Manager will review Behavior Support addendums bi-monthly (Attachment E) to ensure</p>	12/03/2013			

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	<p>eliminate client #4's use of Buspirone Tablet 5 milligrams.</p> <p>Clinical Supervisor (CS) #1 was interviewed on 11/13/13 at 12:45 PM. CS #1 indicated Buspirone Tablet 5 milligrams had been added to client #4's 3/30/13 BSP addendum. CS #1 indicated client #4's 3/30/13 BSP addendum did not include documentation of a plan of reduction to reduce and/or eliminate client #4's use of Buspirone Tablet 5 milligrams.</p> <p>9-3-5(a)</p>		<p>medication reductions are included in plan. Completion Date: 12-3-2013</p>				

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W000323	<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 2 of 4 sampled clients (#1 and #4), the facility nurse failed to meet the health needs of the clients by not ensuring clients #1 and #4 received recommended vision assessments.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #1's record was reviewed on 11/13/13 at 8:48 AM. Client #1's vision examination form dated 6/18/12 indicated client #1 had an annual vision examination with the recommendation for annual/yearly re-visit. Client #1's record did not indicate documentation of additional annual vision examinations since 6/18/12. Client #4's record was reviewed on 11/13/13 at 10:45 AM. Client #4's vision examination form dated 6/29/11 indicated client #4 had an annual vision examination with recommendations to return for assessment in 2 years. Client #4's record did not indicate documentation of additional vision examinations since 6/29/11. 	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: Client #1 has a Vision appointment scheduled for 12-6-2013. Client #4 has had Vision appointment (Attachment F). Nursing Coordinator has been inserviced on reviewing Vision appointments, and ensuring that appointments are made timely per Dr's order (Attachment G). How we will identify others: Nursing Coordinators will review Vision orders to ensure that vision has been checked annually or per Physician order. Measures to be put in place: A weekly Nursing Coordinator checklist (Attachment G) has been implemented to ensure that Vision orders are check weekly to ensure compliance.. Monitoring of Corrective Action: Manager of Health Services will perform bi-monthly Nurse Checklist to ensure that Vision examinations occur annually or per Physician order. (Attachment H). Completion Date: 12-3-2013</p>	12/03/2013
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	<p>Clinical Supervisor (CS) #1 was interviewed on 11/13/13 at 12:45 PM. CS #1 indicated vision recommendations should be followed. CS #1 indicated there was not additional documentation of vision assessments available for clients #1 and #4.</p> <p>9-3-6(a)</p>				

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W000352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 received recommended follow up dental evaluations.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 11/13/13 at 10:09 AM. Client #3's dental examination form dated 3/13/13 indicated, "Return 3 months maintenance." Client #3's record did not indicate additional documentation of follow up dental examinations/maintenance visits.</p> <p>Clinical Supervisor (CS) #1 was interviewed on 11/13/13 at 12:45 PM. CS #1 stated, "We had to change [client #3's] dentist. They wanted her to come every three months but Medicaid will only pay for 6 month re-visits." CS #1 indicated client #3 had not returned to the dentist since 3/13/13.</p> <p>9-3-6(a)</p>	W000352	<p>W352: Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Corrective action: Client #3 has had Dental appointment (Attachment I). Nursing Coordinator has been inserviced on reviewing Dental appointments, and ensuring that appointments are made timely per Dr's order (Attachment G). How we will identify others: Nursing Coordinators will review Dental orders to ensure that oral care has been checked annually or per Dentist order. Measures to be put in place: A weekly Nursing Coordinator checklist (Attachment G) has been implemented to ensure that Dental orders are check weekly to ensure compliance. Monitoring of Corrective Action: Manager of Health Services will perform bi-monthly Nurse Checklist to ensure that Dental examinations occur annually or per Dentist order. (Attachment H). Completion Date: 12-3-2013</p>	12/03/2013			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 7 clients with adaptive equipment, the facility failed to ensure client #2's wheelchair was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/12/13 from 4:00 PM through 6:00 PM and on 11/13/13 from 6:15 AM through 8:15 AM. Client #2 was observed in the group home throughout the observation periods. Client #2 utilized a battery powered wheelchair. Client #2's wheelchair had duct tape wrapped around the left forearm bar/rest. Client #2's right arm bar contained the joystick/steering control mechanism. The control mechanism was not securely attached to the wheelchair and shook each time client #2 used the joystick/steering mechanism.</p> <p>Client #2's record was reviewed on 11/13/13 at 9:36 AM. Client #2's ISP (Individual Support Plan) dated 12/27/12 indicated client #2 utilized a wheelchair for mobility. Client #2's POs (Physicians</p>	W000436	<p>W436: The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by client. Corrective action:· Equipment/parts to repair Client #2's wheelchair have been ordered (Attachment J). How we will identify others: Clinical Supervisors will review Client wheelchairs to ensure that there are in good working order. Measures to be put in place: Adaptive Equipment/Maintenance checklist has been implemented (Attachment K) to ensure that wheelchairs are maintained in good working order.. Monitoring of Corrective Action: Health Services Coordinator will review Adaptive Equipment checklist monthly to ensure that wheelchairs are maintained in good working order. Completion Date: 12-3-2013</p>	12/03/2013			

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	<p>Orders) form dated 11/1/13 indicated client #2's diagnosis included Spina Bifida and Paraplegia.</p> <p>Clinical Supervisor (CS) #1 was interviewed on 11/13/13 at 12:45 PM. CS #1 indicated client #2's wheelchair had duct tape holding the left arm rest together and the right arm rest with the steering control mechanism was loose and not secured to the wheelchair.</p> <p>9-3-7(a)</p>				