

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for an investigation of complaint #IN00150194.</p> <p>This visit was in conjunction with the post-certification revisit (PCR) survey to the predetermined full recertification and state licensure survey completed on 1/14/14.</p> <p>Complaint #IN00150194: Substantiated, Federal and State deficiencies related to the allegation are cited at W149, W189 and W249.</p> <p>Dates of Survey: July 7, 8 and 15, 2014.</p> <p>Facility Number: 012632 Provider Number: 15G807 AIMS Number: 201065000</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/22/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 1 of 2 sampled clients (A), the facility failed to implement written policy and procedures to immediately protect a client from self harm after making/voicing suicidal threats and to ensure the staff were trained to immediately respond to client A's threats and/or attempts of self harm as per the client's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/7/14 between 3 PM and 6:15 PM. Client A's bedroom was filled with multiple personal items, clothes, shoes, dolls, doll items, two phone cords, CDs (Compact Discs), etc.</p> <p>__At 5:10 PM client A approached this surveyor in the dining room and asked if she could talk. This surveyor and client A went to client A's bedroom. Client A indicated several minutes prior to speaking with this surveyor client A had taken the phone charger cord from the living room and put it around her neck in an attempt to hurt herself. Client A's right side of her neck was reddened. Client A</p>	W000149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the behavior therapist has revised Client A's plan to clarify reactive strategies and all team members have been retrained on the plan revisions.</i></p> <p>PREVENTION: The QIDP will be expected to observe no less than two morning and two evening active treatment sessions per week and the behavior therapist will spend no less than 10 hours weekly on-site to assess direct support staff interaction with clients and to provide hands on coaching and training toward proper and immediate implementation of behavior supports. Additionally members of the Operations Team will conduct active treatment observations at the facility no less than twice monthly to assure Behavior Support Plans are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Behavior Therapist, Operations Team</p>	08/14/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

	<p>stated, "I have suicidal thoughts and they (the staff) won't get me help. They just don't believe me." When asked if she had told her staff what she had done and how she felt, client A stated, "Yes, I told [name of QIDP (Qualified Intellectual Disabilities Professional)]. She (the QIDP) just puts me on eyesight or 1:1 (one staff to one client supervision) but I can still hurt myself." Client A indicated no staff had been with her since she told the QIDP of her suicidal thoughts earlier that evening. Client A indicated she still had suicidal thoughts and stated, "Next time I'll use a belt or a knife." Client A indicated she could also use the CDs in her room to cut herself as she had done that in the past. Client A stated, "There's lots of things in my room I can use to hurt myself. I want to go to [name of hospital] until I can get my mind clear." At 5:20 PM this surveyor left client A's bedroom and asked the QIDP if client A had reported to her that she had used the phone cord to try to harm herself and the QIDP stated, "Yes, she did. I am in the process of contacting [name of Behaviorist] now." The QIDP indicated she had placed client A on 1:1 MES (Modified Enhanced Supervision). The QIDP indicated a staff was to be with client A at all times. The QIDP was informed there were no staff with client A, client A was alone in her bedroom and</p>			
--	---	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>the staff were in the dining room and kitchen. The QIDP stated, "My staff are new. Looks like I'm going to have to do some more training. I told [staff #3] she (client A) was on 1:1." At 5:25 PM staff #3 went to client A's bedroom and remained with client A the remainder of the observation.</p> <p>__ During this observation period, the sharps and the chemicals were not locked and no items were removed from client A's bedroom.</p> <p>The facility's reportable and investigative records were reviewed on 7/8/14 at 9 AM.</p> <p>The 7/8/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 7/7/14 at 5:45 PM "[Client A] approached the QIDP (Qualified Intellectual Disabilities Professional) and told her that she had taken her phone charger that was laying on the living room table and wrapped it around her neck in attempts of strangling herself. Following the BSP, the QIDP put [client A] on a modified enhanced supervision. [Client A] then ate dinner and went to her room, staff remained with her. [Client A] then wanted to know why staff was with her. The QIDP had a 1:1 talk with her about what she had told the QIDP which was why staff was with</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>her, to ensure that she was safe. [Client A] said okay and asked how long she had left, which was 3 hours, and she said okay again. [Client A] remained sitting on her bed. The QIDP left the room and heard a loud bang a few minutes later. When they entered her room and asked what had happened, her staff reported that [client A] had thrown all of her items off of her dresser and sat back down on her bed. Following her BSP, staff then conducted a reoom (sic) sweep. While the QIDP was assisting, [client A] then attempted to kick the QIDP, QIDP gently blocked. [Client A] then became more aggressive so a 2 person YSIS hold was initiated and [client A] was placed on her 1:1 supervision per her BSP. [Client A] remained in a 2 person YSIS hold for 8 minutes. The QIDP then notified the behaviorist and then [client A's] legal guardian [name of guardian]. [Name of guardian] requested to speak to [client A] on speakerphone. [Client A] barely spoke to [name of guardian]. [Client A] remains on a 1:1 at this time for a minimum of 4 hours. The QIDP offered [client A] her baby doll as a coping skill and she refused. [Client A] is sitting on her bed quietly with her head dropped and her 1:1 staff beside her. [Client A] was not injured as a result of this behavior. While speaking with her guardian on the phone, [client A] stated that she did not wrap her</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>phone charger around her neck, she was saying this for attention. [Name of guardian] discussed with her the consequences of her actions as a result of her telling staff she self harmed when she actually didn't. [Client A] refused her 7 pm medications and did not suffer any adverse effects as a result of missing her medications. [Client A] woke up this morning, took all medications, and completed all hygiene and was able to return to her daily routine."</p> <p>Client A's record was reviewed on 7/8/14 at 3 PM.</p> <p>__ Client A's revised 6/25/14 BSP indicated client A had targeted behaviors of, not all inclusive, suicide threats, "threatening to kill herself or expressing a plan that has the potential to result in her death." The BSP indicated precursor behaviors (behavior that typically occur before target behaviors) of , not all inclusive: verbal threats. "[Client A] will make verbal threats of hurting/killing herself prior to engaging in the act of self-injury; suicide attempt; and/or leaving assigned area." The BSP indicated "Other precursor behaviors may include: throwing her helmet, sleeping throughout day, isolation, not eating or drinking fluids, pacing around house while talking to self, refusing hygiene practices, asking staff if they 'still love'</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>her or saying 'have I done something wrong,' cussing, making sexual jokes, refusing to attend day service, telling staff she can go home with them."</p> <p>Client A's BSP indicated whenever client A engages in the precursor behaviors the staff were to do the following:</p> <p>"Insure (sic) that there is nothing in the immediate environment that she can use to harm herself and others. Conduct a room sweep and all items that she could potentially use to harm herself or others will be removed from her room. At the first sign of a precursor behavior by [client A] or by one of her housemates, lock the sharps (or items which can easily be made into a sharp) as well as the cleaning chemicals which could be ingested. This includes eating utensils (such as forks, spoons, knives), cooking utensils (spatulas, wooden spoons, serving spoons, measuring cups, measuring spoons, ice cream scoops, pizza cutters, whisk, cookie cutters, meat thermometers, potato peelers). This also includes cleaning chemicals (such as laundry soap, dish soap, hand soap, dryer sheets, general purpose cleaner, toilet bowel cleaner, hand sanitizer.... These items should remain secured until the immediate risk from exposure has passed. As a soothing intervention,</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	[client A] can have one of her baby dolls as long as she does not harm self or others (throwing, or attempting to strike anyone). All items on the doll that can be removed will be removed before it is given to [client A] to reduce risk of using items to self-harm (clothing, shoes, shoe laces, etc). If she does use it as a weapon, the baby doll will be taken away for a period of 4 hours and the situation reassessed at that time by the IST (Individual Support Team). Notify the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. Safety Protocol will be in effect for at a minimum of 4 hours and the IST will discuss the continued need in 4 hour intervals until the team feels [client A] no longer poses a threat to herself or others relative to her demonstration of precursor behaviors during that time: [Client A] will have enhanced supervision (defined as [client A] in the same room as staff, in the staff's line of sight and staff will be close enough to intervene if she attempts to harm self or others). If [client A] attempts to go to a room by herself (bedroom) staff will remind her that staff will be going with her. If [client A] attempts to block staff from coming with her, staff will utilize YSIS (You're Safe I'm Safe) physical redirection to escort [client A] away from the entry so staff may enter the room and can remain in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>arms length of [client A]. [Client A] will have a 1:1 staff as determined by the IST. Staff will be in the same room with [client A] and will be positioned close enough to physically intervene using You're Safe I'm Safe (YSIS); [Client A] will be within staff line of sight if she attempts to harm herself or others. This includes every room she enters as well as in her room overnight while she is asleep. Whenever [client A] is in a room sitting down or lying down, the staff will position themselves as close to [client A] as possible while remaining standing and in between her and the nearest hard surface. The other staff will conduct a room sweep and all items that [client A] could potentially use to harm herself or others will be removed from her room. Plug in night lights may remain in the room. Staff may talk with [client A], while on 1:1, if [client A] initiates conversation, but staff must keep it supportive, encouraging in nature and related to the behaviors she is demonstrating at the time. No superficial conversation should occur between 1:1 staff and [client A] or 1:1 staff and other staff. The 1:1 will position themselves between [client A] and the nearest hard surface (walls, hard tables etc) while maintaining line of sight with [client A]. The 1:1 will walk slightly behind [client A] and to one side, the side closest to the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>nearest hard surface and close enough to physically intervene if she attempts to harm herself or others. Whenever [client A] walks into another room, the 1:1 staff will scan the room for any possible item that [client A] may use to harm herself and discretely (sic) inform the other staff to remove the items."</p> <p>Interview with staff #1, #2 and #3 on 7/7/14 at 4 PM indicated they had received training on client A's program plans and needs.</p> <p>Interview with the QIDP on 7/8/14 at 11 AM indicated client A had continued having behaviors the previous evening. The QIDP indicated a room sweep had been conducted in client A's room last evening after this surveyor left the home and all items were removed from client A's bedroom except the bed, bed linens and curtains. The QIDP indicated the staff were to immediately implement client A's BSP whenever client A displayed the precursor behaviors documented in client A's BSP. The QIDP indicated the staff in the home were new and would be receiving more training to ensure the staff immediately implemented client A's BSP at the first knowledge of precursor behaviors and/or suicidal thoughts.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2014	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>The facility's policies and procedures were reviewed on 7/8/14 at 11 AM. The 9/14/07 facility policy entitled "Abuse, Neglect, Exploitation" indicated:</p> <p>___ "Adept employees actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, Rescare, and local, state and federal guidelines."</p> <p>___ "Intimidation/emotional abuse: the act of failure to act that results or could result in emotional injury to an individual. The act of insulting or coarse language or gestures directed toward an individual that subject him/her to humiliation or degradation. Discouraging or inhibiting behavior by threatening both actual or implied. Attitude or acts that interfere with the psychological and social well being of an individual."</p> <p>___ "Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000189	<p>This federal tag relates to complaint #IN00150194.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, interview and record review for 1 of 2 sampled clients (A), the facility failed to ensure the staff were trained/retrained in regard to client A's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/7/14 between 3 PM and 6:15 PM. Client A's bedroom was filled with multiple personal items, clothes, shoes, dolls, doll items, two phone cords, CDs (Compact Discs), etc.</p> <p>__At 5:10 PM client A approached this surveyor in the dining room and asked if she could talk. This surveyor and client A went to client A's bedroom. Client A indicated several minutes prior to speaking with this surveyor client A had</p>	W000189	<p>CORRECTION: <i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, the behavior therapist has revised Client A's plan to clarify reactive strategies and all team members have been retrained on the plan revisions.</i></p> <p>PREVENTION: The QIDP will be expected to observe no less than two morning and two evening active treatment sessions per week and the behavior therapist will spend no less than 10 hours weekly on-site to assess direct support staff interaction with clients and to provide hands on coaching and training toward proper and immediate implementation of behavior supports. Additionally</p>	08/14/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>taken the phone charger cord from the living room and put it around her neck in an attempt to hurt herself. Client A's right side of her neck was reddened. Client A stated, "I have suicidal thoughts and they (the staff) won't get me help. They just don't believe me." When asked if she had told her staff what she had done and how she felt, client A stated, "Yes, I told [name of QIDP (Qualified Intellectual Disabilities Professional)]. She (the QIDP) just puts me on eyesight or 1:1 (one staff to one client supervision) but I can still hurt myself." Client A indicated no staff had been with her since she told the QIDP of her suicidal thoughts earlier that evening. Client A indicated she still had suicidal thoughts and stated, "Next time I'll use a belt or a knife." Client A indicated she could also use the CDs in her room to cut herself as she had done that in the past. Client A stated, "There's lots of things in my room I can use to hurt myself. I want to go to [name of hospital] until I can get my mind clear." At 5:20 PM this surveyor left client A's bedroom and asked the QIDP if client A had reported to her that she had used the phone cord to try to harm herself and the QIDP stated, "Yes, she did. I am in the process of contacting [name of Behaviorist] now." The QIDP indicated she had placed client A on 1:1 MES (Modified Enhanced Supervision). The</p>		<p>members of the Operations Team will conduct active treatment observations at the facility no less than twice monthly to assure Behavior Support Plans are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Behavior Therapist, Operations Team</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2014	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>QIDP indicated a staff was to be with client A at all times. The QIDP was informed there were no staff with client A, client A was alone in her bedroom and the staff were in the dining room and kitchen. The QIDP stated, "My staff are new. Looks like I'm going to have to do some more training. I told [staff #3] she (client A) was on 1:1." At 5:25 PM staff #3 went to client A's bedroom and remained with client A the remainder of the observation.</p> <p>__ During this observation period, the sharps and the chemicals were not locked and no items were removed from client A's bedroom.</p> <p>Client A's record was reviewed on 7/8/14 at 3 PM.</p> <p>__ Client A's revised 6/25/14 BSP indicated client A had targeted behaviors of, not all inclusive, suicide threats, "threatening to kill herself or expressing a plan that has the potential to result in her death." The BSP indicated precursor behaviors (behavior that typically occur before target behaviors) of, not all inclusive: verbal threats. "[Client A] will make verbal threats of hurting/killing herself prior to engaging in the act of self-injury; suicide attempt; and/or leaving assigned area." The BSP indicated "Other precursor behaviors may</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>include: throwing her helmet, sleeping throughout day, isolation, not eating or drinking fluids, pacing around house while talking to self, refusing hygiene practices, asking staff if they 'still love' her or saying 'have I done something wrong,' cussing, making sexual jokes, refusing to attend day service, telling staff she can go home with them."</p> <p>Client A's BSP indicated whenever client A engages in the precursor behaviors the staff were to do the following: "Insure that there is nothing in the immediate environment that she can use to harm herself and others. Conduct a room sweep and all items that she could potentially use to harm herself or others will be removed from her room. At the first sign of a precursor behavior by [client A] or by one of her housemates, lock the sharps (or items which can easily be made into a sharp) as well as the cleaning chemicals which could be ingested. This includes eating utensils (such as forks, spoons, knives), cooking utensils (spatulas, wooden spoons, serving spoons, measuring cups, measuring spoons, ice cream scoops, pizza cutters, whisk, cookie cutters, meat thermometers, potato peelers). This also includes cleaning chemicals (such as laundry soap, dish soap, hand soap, dryer sheets, general purpose cleaner, toilet</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>bowel cleaner, hand sanitizer.... These items should remain secured until the immediate risk from exposure has passed. As a soothing intervention, [client A] can have one of her baby dolls as long as she does not harm self or others (throwing, or attempting to strike anyone). All items on the doll that can be removed will be removed before it is given to [client A] to reduce risk of using items to self-harm (clothing, shoes, shoe laces, etc). If she does use it as a weapon, the baby doll will be taken away for a period of 4 hours and the situation reassessed at that time by the IST (Individual Support Team). Notify the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. Safety Protocol will be in effect for at a minimum of 4 hours and the IST will discuss the continued need in 4 hour intervals until the team feels [client A] no longer poses a threat to herself or others relative to her demonstration of precursor behaviors during that time: [Client A] will have enhanced supervision (defined as [client A] in the same room as staff, in the staff's line of sight and staff will be close enough to intervene if she attempts to harm self or others). If [client A] attempts to go to a room by herself (bedroom) staff will remind her that staff will be going with her. If [client A] attempts to block staff from coming with</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>her, staff will utilize YSIS (You're Safe I'm Safe) physical redirection to escort [client A] away from the entry so staff may enter the room and can remain in arms length of [client A]. [Client A] will have a 1:1 staff as determined by the IST. Staff will be in the same room with [client A] and will be positioned close enough to physically intervene using You're Safe I'm Safe (YSIS); [Client A] will be within staff line of sight if she attempts to harm herself or others. This includes every room she enters as well as in her room overnight while she is asleep. Whenever [client A] is in a room sitting down or lying down, the staff will position themselves as close to [client A] as possible while remaining standing and in between her and the nearest hard surface. The other staff will conduct a room sweep and all items that [client A] could potentially use to harm herself or others will be removed from her room. Plug in night lights may remain in the room. Staff may talk with [client A], while on 1:1, if [client A] initiates conversation, but staff must keep it supportive, encouraging in nature and related to the behaviors she is demonstrating at the time. No superficial conversation should occur between 1:1 staff and [client A] or 1:1 staff and other staff. The 1:1 will position themselves between [client A] and the nearest hard</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2014	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>surface (walls, hard tables etc) while maintaining line of sight with [client A]. The 1:1 will walk slightly behind [client A] and to one side, the side closest to the nearest hard surface and close enough to physically intervene if she attempts to harm herself or others. Whenever [client A] walks into another room, the 1:1 staff will scan the room for any possible item that [client A] may use to harm herself and discretely inform the other staff to remove the items."</p> <p>Interview with staff #1, #2 and #3 on 7/7/14 at 4 PM indicated they had received training on client A's program plans and needs.</p> <p>Interview with the QIDP on 7/8/14 at 11 AM indicated client A had continued having behaviors the previous evening. The QIDP indicated a room sweep had been conducted in client A's room last evening after this surveyor left the home and all items were removed from client A's bedroom except the bed, bed linens and curtains. The QIDP indicated the staff were to immediately implement client A's BSP whenever client A displayed the precursor behaviors documented in client A's BSP. The QIDP indicated the staff in the home were new and would be receiving more training to ensure the staff immediately</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2014	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W000249	<p>implemented client A's BSP at the first knowledge of precursor behaviors and/or suicidal thoughts.</p> <p>This federal tag relates to complaint #IN00150194.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 1 of 2 sampled clients (A), the facility failed to immediately implement client A's Behavior Support Plan (BSP) after a suicidal attempt and/or threat.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/7/14 between 3 PM and 6:15 PM. Client A's bedroom was filled with multiple personal items, clothes, shoes, dolls, doll items, two phone cords,</p>	W000249	<p>CORRECTION: <i>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. Specifically, the behavior therapist has revised Client A's plan to clarify reactive strategies and all team members have been retrained on the plan revisions.</i></p>	08/14/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

	<p>CDs (Compact Discs), etc.</p> <p>__At 5:10 PM client A approached this surveyor in the dining room and asked if she could talk. This surveyor and client A went to client A's bedroom. Client A indicated several minutes prior to speaking with this surveyor client A had taken the phone charger cord from the living room and put it around her neck in an attempt to hurt herself. Client A's right side of her neck was reddened. Client A stated, "I have suicidal thoughts and they (the staff) won't get me help. They just don't believe me." When asked if she had told her staff what she had done and how she felt, client A stated, "Yes, I told [name of QIDP (Qualified Intellectual Disabilities Professional)]. She (the QIDP) just puts me on eyesight or 1:1 (one staff to one client supervision) but I can still hurt myself." Client A indicated no staff had been with her since she told the QIDP of her suicidal thoughts earlier that evening. Client A indicated she still had suicidal thoughts and stated, "Next time I'll use a belt or a knife." Client A indicated she could also use the CDs in her room to cut herself as she had done that in the past. Client A stated, "There's lots of things in my room I can use to hurt myself. I want to go to [name of hospital] until I can get my mind clear." At 5:20 PM this surveyor left client A's</p>		<p>PREVENTION: The QIDP will be expected to observe no less than two morning and two evening active treatment sessions per week and the behavior therapist will spend no less than 10 hours weekly on-site to assess direct support staff interaction with clients and to provide hands on coaching and training toward proper and immediate implementation of behavior supports. Additionally members of the Operations Team will conduct active treatment observations at the facility no less than twice monthly to assure Behavior Support Plans are implemented as written.</p> <p>RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Behavior Therapist, Operations Team</p>	
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>bedroom and asked the QIDP if client A had reported to her that she had used the phone cord to try to harm herself and the QIDP stated, "Yes, she did. I am in the process of contacting [name of Behaviorist] now." The QIDP indicated she had placed client A on 1:1 MES (Modified Enhanced Supervision). The QIDP indicated a staff was to be with client A at all times. The QIDP was informed there were no staff with client A, client A was alone in her bedroom and the staff were in the dining room and kitchen. The QIDP stated, "My staff are new. Looks like I'm going to have to do some more training. I told [staff #3] she (client A) was on 1:1." At 5:25 PM staff #3 went to client A's bedroom and remained with client A the remainder of the observation.</p> <p>__ During this observation period, the sharps and the chemicals were not locked and no items were removed from client A's bedroom.</p> <p>Client A's record was reviewed on 7/8/14 at 3 PM.</p> <p>__ Client A's revised 6/25/14 BSP indicated client A had targeted behaviors of, not all inclusive, suicide threats, "threatening to kill herself or expressing a plan that has the potential to result in her death." The BSP indicated precursor</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>behaviors (behavior that typically occur before target behaviors) of , not all inclusive: verbal threats. "[Client A] will make verbal threats of hurting/killing herself prior to engaging in the act of self-injury; suicide attempt; and/or leaving assigned area." The BSP indicated "Other precursor behaviors may include: throwing her helmet, sleeping throughout day, isolation, not eating or drinking fluids, pacing around house while talking to self, refusing hygiene practices, asking staff if they 'still love' her or saying 'have I done something wrong,' cussing, making sexual jokes, refusing to attend day service, telling staff she can go home with them."</p> <p>Client A's BSP indicated whenever client A engages in the precursor behaviors the staff were to do the following: "Insure that there is nothing in the immediate environment that she can use to harm herself and others. Conduct a room sweep and all items that she could potentially use to harm herself or others will be removed from her room. At the first sign of a precursor behavior by [client A] or by one of her housemates, lock the sharps (or items which can easily be made into a sharp) as well as the cleaning chemicals which could be ingested. This includes eating utensils (such as forks, spoons, knives), cooking</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	utensils (spatulas, wooden spoons, serving spoons, measuring cups, measuring spoons, ice cream scoops, pizza cutters, whisk, cookie cutters, meat thermometers, potato peelers). This also includes cleaning chemicals (such as laundry soap, dish soap, hand soap, dryer sheets, general purpose cleaner, toilet bowel cleaner, hand sanitizer.... These items should remain secured until the immediate risk from exposure has passed. As a soothing intervention, [client A] can have one of her baby dolls as long as she does not harm self or others (throwing, or attempting to strike anyone). All items on the doll that can be removed will be removed before it is given to [client A] to reduce risk of using items to self-harm (clothing, shoes, shoe laces, etc). If she does use it as a weapon, the baby doll will be taken away for a period of 4 hours and the situation reassessed at that time by the IST (Individual Support Team). Notify the QIDP (Qualified Intellectual Disabilities Professional) and Behaviorist. Safety Protocol will be in effect for at a minimum of 4 hours and the IST will discuss the continued need in 4 hour intervals until the team feels [client A] no longer poses a threat to herself or others relative to her demonstration of precursor behaviors during that time: [Client A] will have enhanced supervision (defined			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>as [client A] in the same room as staff, in the staff's line of sight and staff will be close enough to intervene if she attempts to harm self or others). If [client A] attempts to go to a room by herself (bedroom) staff will remind her that staff will be going with her. If [client A] attempts to block staff from coming with her, staff will utilize YSIS (You're Safe I'm Safe) physical redirection to escort [client A] away from the entry so staff may enter the room and can remain in arms length of [client A]. [Client A] will have a 1:1 staff as determined by the IST. Staff will be in the same room with [client A] and will be positioned close enough to physically intervene using You're Safe I'm Safe (YSIS); [Client A] will be within staff line of sight if she attempts to harm herself or others. This includes every room she enters as well as in her room overnight while she is asleep. Whenever [client A] is in a room sitting down or lying down, the staff will position themselves as close to [client A] as possible while remaining standing and in between her and the nearest hard surface. The other staff will conduct a room sweep and all items that [client A] could potentially use to harm herself or others will be removed from her room. Plug in night lights may remain in the room. Staff may talk with [client A], while on 1:1, if [client A] initiates</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>conversation, but staff must keep it supportive, encouraging in nature and related to the behaviors she is demonstrating at the time. No superficial conversation should occur between 1:1 staff and [client A] or 1:1 staff and other staff. The 1:1 will position themselves between [client A] and the nearest hard surface (walls, hard tables etc) while maintaining line of sight with [client A]. The 1:1 will walk slightly behind [client A] and to one side, the side closest to the nearest hard surface and close enough to physically intervene if she attempts to harm herself or others. Whenever [client A] walks into another room, the 1:1 staff will scan the room for any possible item that [client A] may use to harm herself and discretely inform the other staff to remove the items."</p> <p>Interview with the QIDP on 7/8/14 at 11 AM indicated client A had continued having behaviors the previous evening. The QIDP indicated a room sweep had been conducted in client A's room last evening after this surveyor left the home and all items were removed from client A's bedroom except the bed, bed linens and curtains. The QIDP indicated the staff were to immediately implement client A's BSP whenever client A displayed the precursor behaviors documented in client A's BSP. The QIDP</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G807	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/15/2014
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 213 W WATER ST CENTERVILLE, IN 47330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>indicated the staff in the home were new and would be receiving more training to ensure the staff immediately implemented client A's BSP at the first knowledge of precursor behaviors and/or suicidal thoughts.</p> <p>This federal tag relates to complaint #IN00150194.</p> <p>9-3-4(a)</p>				