

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  03/10/2016
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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, IN 47042
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(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
W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/7/16, 3/8/16, 3/9/16 and 3/10/16.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIMS Number: 100248960</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/15/16.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 3 of 3 sampled clients (#1, #2, and #3) plus 2 additional clients (#4 and #5), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the group home was maintained in a clean manner.</p> <p>Findings include</p>	W 0104	<p><b>W104:</b> The governingbody must exercise general policy, budget, and operating direction over thefacility.</p> <p><b>Corrective Action:</b> On 3-8-16, allthree bathrooms were cleaned including: flooring and</p>	04/09/2016

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>Observations were conducted at the group home of clients #1, #2, #3, #4 and #5 on 3/7/16 from 3:10 PM through 6:00 PM and 3/8/16 from 6:00 AM through 7:30 AM. The front hallway bathroom toilet contained dried fecal matter around the rim of toilet. The bathroom floors were sticky causing the bottoms of shoes to cling to the flooring while walking on the area in front of the bathtub and toilet. The front bathroom bathtub was layered with a dark film around the drain and front portion of tub. The back bathroom bathtub contained a brown film in the bottom of the tub and several black spots. The back hallway toilet had a brown ring around the inner bowl and had dried yellow substance on the bottom of the lid.</p> <p>QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 3/8/16 at 10:45 AM. QIDP #1 stated, "The bathrooms were dirty and my feet stuck to the floor." QIDP #1 indicated bathrooms should be cleaned by all shifts.</p> <p>9-3-1(a)</p>		<p>toilets.</p> <ul style="list-style-type: none"> <li>On 3-9-16, staffmeeting was held. Staff were trained onmaintaining cleanliness of the home. (Attachment A)</li> </ul> <p><b>Howwe will identify others:</b></p> <ul style="list-style-type: none"> <li>Cleaning scheduleto be implemented and used by all staff to prevent further issues ofnon-compliance by 4-9-16.</li> </ul> <p><b>Measures to be put inplace:</b></p> <ul style="list-style-type: none"> <li>Cleaning scheduleto be implemented and used by all staff to prevent further issues ofnon-compliance by 4-9-16.</li> <li>ResidentialManager to complete weekly checks of the home to ensure cleanliness.</li> </ul> <p><b>Monitoring of CorrectiveAction:</b></p> <ul style="list-style-type: none"> <li>Program Managerto complete a monthly audit of home for three consecutive months up to July2016 to ensure the home is clean and well maintained per all policies.</li> <li>Program Manager,</li> </ul>				

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			AssistanceExecutive Director, Executive Director, Business Manager, HR Manager, NursingManager will perform Best In Class reviews at all locations within the year.The results will be shared with all team members. <b>Completion Date: 4-9-16</b>		