

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G159	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1337 E SOUTHVIEW LN PAOLI, IN 47454
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: November 9, 10, 12, 2015</p> <p>Provider Number: 15G159 Aims Number: 100243150 Facility Number: 000695</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/19/15.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the facility to provide a safe and home like environment for 6 of 6 clients (#1, #2, #3, #4, #5, #6) living in the group home.</p> <p>Findings include:</p> <p>An observation of clients #1, #2, #3, #4, #5 and #6 (at the group home) was done</p>	W 0104	<p><b>W104:</b> The governing body must exercise general policy, budget and operating direction over the facility.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on using the driveway or the road in front of the house and not driving in the yard of the home. Maintenance will inspect the tracks in the yard to determine if</p>	12/12/2015

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>on 11/10/15 from 6:46a.m. to 8:08a.m. The observation included the following environmental condition: there was a visible/worn car track path from the facility driveway that circled through the yard around the group home's backyard and through the the front yard.</p> <p>Staff #1 was interviewed on 11/10/15 at 12:12p.m. Staff #1 indicated it appeared the car path was from where staff had driven completely around the group home through the home's yard. Staff #1 indicated staff should not be driving through the group home yard. Staff #1 indicated staff should either use the driveway or the road in front of the house to park their cars.</p> <p>9-3-1(a)</p>		<p>any landscaping or repair needs completed and if so it will be done.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager and/or the Team Lead will be at the home at least five times weekly to ensure that staff is not driving in the yard of the home.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on using the driveway or the road in front of the house and not driving in the yard of the home. Maintenance will inspect the tracks in the yard to determine if any landscaping or repair needs completed and if so it will be done.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager and/or the Team Lead will be at the home at least five times weekly to ensure that staff is not driving in the yard of the home.</p> <p><b>Completion date: 12/12/15</b></p>	

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W 0137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview, for 3 of 3 sampled clients (#1, #2, #3) and 3 additional clients (#4, #5, #6), the facility to ensure clients had the right to keep/maintain their own personal hygiene items (toothbrushes, toothpaste, hairbrushes).</p> <p>Findings include:</p> <p>During the 11/9/15 observation from 3:43p.m. to 6:08p.m. and the 11/10/15 observation from 6:46a.m. to 8:08a.m. at the group home, clients #1, #2, #3, #4, #5 and #6's personal items (toothbrushes, toothpaste, hairbrushes) were kept in the locked staff office. The office was kept locked when no staff were in the office.</p> <p>Record review for client #1 was done on 11/10/15 at 12:18p.m. Client #1's 11/6/15 individual support plan (ISP) did not indicate client #1's personal hygiene items would be kept locked in the office. Client #1's ISP did not document any</p>	W 0137	<p><b>W137:</b> The facility must ensure the rights of all clients; therefore the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained.</p> <p><b>How others will be identified:</b></p>	12/12/2015

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	<p>training needs in regards to client #1's misuse of toothpaste.</p> <p>Record review for client #2 was done on 11/10/15 at 12:41p.m. Client #2's 6/26/15 ISP did not indicate client #2's personal hygiene items would be kept locked in the office.</p> <p>Record review for client #3 was done on 11/10/15 at 11:08a.m. Client #3's 5/13/15 ISP did not indicate client #3's personal hygiene items would be kept locked in the office.</p> <p>Record review for client #4 was done on 11/10/15 at 12:55p.m. Client #4's 6/26/15 ISP did not indicate client #4's personal hygiene items would be kept locked in the office. Client #4's ISP did not document any training needs in regards to client #4's misuse of toothpaste.</p> <p>Direct care staff #3 was interviewed on 11/9/15 at 4:32p.m. Direct care staff #3 indicated clients #1, #2, #3, #4, #5 and #6's personal hygiene items were kept locked in the staff office (only staff had a key) when not in use. Direct care staff #3 indicated the items were kept locked due to clients #1 and #4's identified behavior of eating toothpaste.</p> <p>Interview of administrative staff #1 on</p>		<p><b>(Systemic)</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk.</p>				

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	<p>11/10/15 at 12:12p.m. indicated the clients' toothbrushes and and toothpaste were kept in the locked staff office due to client #1 and #4's behavior of eating toothpaste. Staff #1 indicated she did not know why clients' hairbrushes were also kept locked in the office. Staff #1 indicated none of the clients had a training program in place to address the locked personal hygiene items.</p> <p>9-3-2(a)</p>		<p>Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk.</p> <p><b>Completion date: 12/12/15</b></p>	

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W 0227  Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (#1, #3) and 1 additional client (#4) to ensure clients' individual support plans (ISP) had training programs in place to address their identified behavior training needs.</p> <p>Findings include:</p> <p>An observation was done on 11/9/15 from 3:43p.m. to 6:08p.m. at the group home. Client #3 had (4) scabbed/reddened areas on her face. Interview of staff #3 on 11/9/15 at 4:32p.m. indicated client #3 had the scabbed areas on her face from her behavior of rubbing/picking her face when she gets anxious.</p> <p>During the 11/9/15 observation from 3:43p.m. to 6:08p.m. and the 11/10/15 observation from 6:46a.m. to 8:08a.m. at the group home, clients #1, and #4's personal items (toothbrushes, toothpaste) were kept in the locked staff office. The office was kept locked when no staff were in the office. Interview of staff #3</p>	W 0227	<p><b>W227:</b> The individual program plan states the specific objectives necessary to meet the client's needs as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained. Client #3's plan and assessments will be</p>	12/12/2015			

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	<p>on 11/9/15 at 4:32p.m. indicated clients #1 and #4's toothpaste was kept in the locked office due to their behavior of eating toothpaste.</p> <p>Record review for client #1 was done on 11/10/15 at 12:18p.m. Client #1's 11/6/15 individual support plan (ISP) did not indicate client #1's personal hygiene items would be kept locked in the office. Client #1's ISP did not document any training needs in regards to client #1's misuse of toothpaste.</p> <p>Record review for client #3 was done on 11/10/15 at 11:08a.m. Client #3's 5/13/15 ISP indicated client #3 had the behavior of picking her face when she became anxious. Client #3's ISP did not have any training program in place to address this identified behavior.</p> <p>Record review for client #4 was done on 11/10/15 at 12:55p.m. Client #4's 6/26/15 ISP did not indicate client #4's personal hygiene items would be kept locked in the office. Client #4's ISP did not document any training needs in regards to client #4's misuse of toothpaste.</p> <p>Interview of administrative staff #1 on 11/10/15 at 12:12p.m. indicated the clients' toothbrushes and and toothpaste were kept in the locked staff office due to</p>		<p>reviewed to include a training program for picking her face when she becomes anxious.</p> <p><b>How others will be identified:</b> <b>(Systemic)</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk and ensure that all identified training goals are in place for those individual</p>		

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	<p>client #1 and #4's behavior of eating toothpaste. Staff #1 indicated clients #1 and #4 did not have a training program in place to address their identified training need with their eating of toothpaste. Staff #1 indicated client #3 had a history of picking her face when anxious. Staff #1 indicated client #3 had this behavior identified in her BSP but did not have a training program in place to address this behavior.</p> <p>9-3-4(a)</p>		<p>need based on assessments and tracking documentation.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained. Client #3's plan and assessments will be reviewed to include a training program for picking her face when she becomes anxious.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these</p>		

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W 0264	483.440(f)(3)(iii)		<p>items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk and ensure that all identified training goals are in place for those individual need based on assessments and tracking documentation.</p> <p><b>Completion date: 12/12/15</b></p>	

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Bldg. 00	<p><b>PROGRAM MONITORING &amp; CHANGE</b></p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview, the facility's Human Rights Committee (HRC) failed for 3 of 3 sampled clients (#1, #2, #3) and 3 non-sampled clients (#4, #5, #6) to review the facility practice of restricting client access to personal hygiene supplies (toothpaste, toothbrushes, hairbrushes).</p> <p>Findings include:</p> <p>During the 11/9/15 observation from 3:43p.m. to 6:08p.m. and the 11/10/15 observation from 6:46a.m. to 8:08a.m. at the group home, clients #1, #2, #3, #4, #5 and #6's personal items (toothbrushes, toothpaste, hairbrushes) were kept in the locked staff office. The office was kept locked when no staff were in the office.</p> <p>Record review of the facility's HRC reviews from 11/14 to 11/15 was done on 11/10/15 at 12:00p.m. There was no documentation the HRC had reviewed the facility's restrictive practice of restricting client access to personal</p>	W 0264	<p><b>W264:</b> The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out-rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds and any other areas that the committee believes need to be addressed.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make</p>	12/12/2015			

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	<p>hygiene items.</p> <p>Interview of administrative staff #1 on 11/10/15 at 12:12p.m. indicated the facility restriction of clients #1, #2, #3, #4, #5 and #6 not having access to personal hygiene items had not been presented to and reviewed by the facility's HRC. Administrative staff #1 indicated only staff had keys to the locked office.</p> <p>9-3-4(a)</p>		<p>necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained. Client #3's plan and assessments will be reviewed to include a training program for picking her face when she becomes anxious.</p> <p><b>How others will be identified:</b> <b>(Systemic)</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will</p>	

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			<p>be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk and ensure that all identified training goals are in place for those individual need based on assessments and tracking documentation and ensure that HRC and guardian approvals are obtained prior to the implementation of any restriction.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on ensuring that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments for clients #1 and #4 to determine if there is a risk of eating toothpaste. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. Any restriction that needs implemented will have necessary HRC approvals and guardian consent obtained. Client #3's plan and assessments will be</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G159	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1337 E SOUTHVIEW LN PAOLI, IN 47454
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			<p>reviewed to include a training program for picking her face when she becomes anxious.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be in the home at least five times weekly to ensure that all clients have access to and retain personal items and that these items are not locked and unavailable at any time to the clients. The QIDP will review assessments of all other clients in the home to determine if there is a risk identified and the need for personal items to be locked. If risk is identified the IDT will meet to make necessary revisions to the ISP and the BSP and develop a training goal to minimize or eliminate the risk. The QIDP will visit the home at least weekly to ensure that there are no restrictions regarding personal items in the home and if there are restrictions plans will be reviewed to ensure that necessary documentation required is listed in the clients ISP and BSP and that there is a training goal in place to minimize or eliminate the risk and ensure that all identified training goals are in place for those individual</p>	

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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 1337 E SOUTHVIEW LN PAOLI, IN 47454		
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			<p>need based on assessments and tracking documentation and ensure that HRC and guardian approvals are obtained prior to the implementation of any restriction.</p> <p><b>Completion date: 12/12/15</b></p>		