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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/14/2014 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421 |
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| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: August 12, 13 and 14, 2014</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/19/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the governing body failed to exercise operating direction over the facility by not ensuring the living room and hallway carpets were in good condition.</p> | W000104 | <p>PROVIDER IDENTIFICATION #: 15G184 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1818 H Street, Bedford, IN 47421 SURVEY EVENT ID #: FNB411 DATE SURVEY COMPLETED:</p> | 09/13/2014 |

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>Findings include:</p> <p>Observations were conducted at the facility on 8/12/14 from 3:53 PM to 6:16 PM and 8/13/14 from 5:45 AM to 7:51 AM. During the observations, the carpet in the living room and hallway for the main entrance into the group home was discolored in areas. The discolored areas were dark gray and black in color. The stairs leading to the second level of the group home were discolored including black and brown areas on the carpet. The upstairs hallway carpet in front of the entrance to the bathroom was discolored. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>A review of the Residential Manager Preventative Maintenance Schedule checklists was conducted on 8/13/14 at 2:21 PM. The weekly checklists, dated August 2013 to August 2014, indicated a dash (-) in the section for carpets/floors. The checklists indicated "yes" in the section for work order. The checklist was completed by the Residential Manager.</p> <p>On 8/13/14 at 7:27 AM, the Residential Manager (RM) indicated the carpets were cleaned following the survey completed in 2013 and the discolored and stained</p> | | <p>8/14/2014</p> <p>PROVIDER'S PLAN OF CORRECTION <u>W104:The governing body must exercise general policy, budget, and operating direction over facility.</u> Corrective action:</p> <ul style="list-style-type: none"> · Replacement flooring for soiled carpets in living room, stairway, and upstairs hallway has been ordered from Sherwin Williams Indianapolis office. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure carpet/flooring is clean and in good condition weekly. (Attachment B) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will conduct weekly checks (Attachment B) · Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues. (Attachment C) · Appropriate personnel will conduct routine checklist for compliance/ maintenance needs. (Attachment D) <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure that carpet/flooring is clean and in good repair.</p> | | | | |

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| | <p>areas did not come out of the carpet. The RM indicated the carpets were stained and discolored from the clients taking the garbage out of the house through the living room and the hallway. The RM indicated the carpet in the home needed to be replaced. The RM indicated she completed a weekly maintenance checklist indicating the carpet needed to be replaced.</p> <p>On 8/13/14 at 7:29 AM, clients #1 and #5 indicated the carpet was cleaned and the discolored areas and stains did not come out. Clients #1 and #5 indicated they would like the carpets to be replaced.</p> <p>On 8/13/14 at 7:30 AM, staff #8 indicated the carpets in the group home needed to be replaced.</p> <p>On 8/13/14 at 7:34 AM, client #7 indicated the carpet in the group home needed to be replaced.</p> <p>On 8/13/14 at 7:34 AM, client #8 indicated the carpet in the group home needed to be replaced due to the amount of stains on the carpet.</p> <p>On 8/13/14 at 10:30 AM, the acting Residential Manager who was present during the record reviews indicated the common area carpet in the group home</p> | | <p>Completion Date: 9-13-2014</p> | |
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| W000210 | <p>needed to be replaced.</p> <p>9-3-1(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview for 4 of 4 clients in the sample (#1, #2, #5 and #6), the facility failed to ensure the clients' comprehensive functional assessments (CFA) were in their records for review.</p> <p>Findings include:</p> <p>On 8/13/14 at 10:19 AM, a review of client #1's record indicated there was no documentation the facility completed a CFA. The facility was unable to provide documentation a CFA had been completed.</p> <p>On 8/13/14 at 10:46 AM, a review of client #2's record indicated there was no documentation the facility completed a CFA. The facility was unable to provide documentation a CFA had been completed.</p> | W000210 | <p>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · All assessment packets were complete at time of survey, Residential Manager had to leave home for a death in the family and the Residential Manager who came to assist from another group home did not know where to locate them at time of request. (Attachment E) · All staff/ and assisting Residential Managers have been in-serviced on the location of the assessment files. (Attachment F) <p>How we will identify others:</p> <ul style="list-style-type: none"> · QDIP will complete assessment packets for each individual upon admission. (ATTACHMENT I) · QIDP will review with IDT any | 09/13/2014 | |

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| W000249 | <p>On 8/13/14 at 11:07 AM, a review of client #5's record indicated there was no documentation the facility completed a CFA. The facility was unable to provide documentation a CFA had been completed.</p> <p>On 8/13/14 at 11:25 AM, a review of client #6's record indicated there was no documentation the facility completed a CFA. The facility was unable to provide documentation a CFA had been completed.</p> <p>On 8/13/14 at 11:45 AM, the acting Residential Manager (RM) indicated she was unable to locate the binder in the group home which contained the clients' CFAs. The RM indicated the clients' CFAs should be updated annually prior to the clients' program plans being updated.</p> <p>9-3-4(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>identified changes to assessed skill set quarterly. (ATTACHMENT I)</p> <ul style="list-style-type: none"> QIDP will update assessment packets for each individual annually. (ATTACHMENT I) QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. (ATTACHMENT I) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> All staff and assisting Residential Managers will be trained on the location of all documentation and its filling location. (Attachment F) <p>Monitoring of Corrective Action: Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that assessments are being completed, reviewed, and updated as indicated.</p> <p>Completion Date: 9-13-2014</p> | | | | |

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| | <p>Based on observation, record review and interview for 2 of 5 clients (#1 and #2) observed to receive their medications during the morning observation, the facility failed to ensure staff implemented the clients' medication administration training objectives as written.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 8/13/14 from 5:45 AM to 7:51 AM. At 7:01 AM, client #1 received his medications, including Cogentin (tremors) from staff #8. During the medication pass, staff #8 did not prompt client #1 to state the side effects of Cogentin. At 6:08 AM, client #2 received his medications, including Buspar (bipolar disorder), from staff #8. During the medication pass, staff #8 did not prompt client #2 to state the dosage of Buspar.</p> <p>On 8/13/14 at 10:19 AM, a review of client #1's record was conducted. Client #1's Individual Support Plan (ISP), dated 7/10/14, indicated client #1 had a training objective to state the side effects (drowsiness, nausea, and vomiting) of Cogentin at all opportunities and the staff were to document the data tracking during the morning medication pass.</p> | W000249 | <p>Addendum 9/16/2014</p> <p>PROVIDER IDENTIFICATION #: 15G184</p> <p>NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1818 H Street, Bedford, IN 47421</p> <p>SURVEY EVENT ID #: FNB411</p> <p>DATE SURVEY COMPLETED: 8/14/2014</p> <p>PROVIDER'S Addendum</p> <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.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> ·All staff will complete Core A and Core B during orientation and training. ·Prior to being able to pass meds independently: <ul style="list-style-type: none"> ·All staff will show 100% proficiency during two supervised Medication Passes. ·Both supervised passes will be done with a Residential Manager within 14 days of completing Orientation. ·All staff will complete 1 Medication Pass with the Nurse | 09/13/2014 | | | |

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| | <p>On 8/13/14 at 10:46 AM, a review of client #2's record was conducted. Client #2's ISP, dated 8/8/13, indicated client #2 had a training objective to state the dosage of Buspar at all opportunities.</p> <p>On 8/13/14 at 10:21 AM, the acting Residential Manager (RM) indicated the clients' medication training objectives should be implemented at every opportunity. The RM stated there should be "continuous teaching" to the clients throughout the clients' day.</p> <p>9-3-4(a)</p> | | <p>during training and prior to being able to pass medication independently.</p> <ul style="list-style-type: none"> -The third and final proficiency pass with the nurse must be completed within 14 days of the completion of orientation. -Residential Manager will perform Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. <u>Attachment A</u> -Residential Manager will perform an Oversight Compliance two (2) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations. <u>Attachment B</u> -Nurse will be in home weekly and perform Medication Room Weekly Checklist one (1) time weekly to ensure compliance. -Nurse will observe one (1) Medication pass weekly in home. -All staff will demonstrate MAR/ Medication Pass compliance annually. -QDIP will complete assessment packets for each individual upon admission. -QIDP will review with IDT any identified changes to assessed skill set quarterly. -QIDP will update assessment packets for each individual annually. -QIDP will | |

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| | | | <p>complete/train/implement formal programming goals for each individual based on assessed skill set.</p> <p>-QIDP will perform an Oversight Compliance Observations one (1) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations.</p> <p><u>(Attachment B)</u></p> <p><u>How we will identify others:</u></p> <p>-Residential Manager will perform Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. <u>(Attachment A)</u></p> <p>-Residential Manager will perform an Oversight Compliance two (2) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations.</p> <p><u>(Attachment B)</u></p> <p>-QIDP will perform an Oversight Compliance Observations one (1) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations.</p> <p><u>(Attachment B)</u></p> <p>-QDIP will complete assessment packets for each individual upon</p> | |

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| | | | <p>admission.</p> <ul style="list-style-type: none"> -QIDP will review with IDT any identified changes to assessed skill set quarterly. -QIDP will update assessment packets for each individual annually. -QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. <p><u>Measures to be put in place:</u></p> <ul style="list-style-type: none"> - Nursing Coordinators will perform Medication Administration Active Treatment observations Bi-annually. -QIDP will complete assessment packets for each individual upon admission. -QIDP will review with IDT any identified changes to assessed skill set quarterly. -QIDP will update assessment packets for each individual annually. -QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. -All staff will be trained on all programming implemented for each individual. -All staff will be trained on active treatment and continuous training at all opportunities based on each individuals assessed skill set. | |

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| | | | <p>-Residential Manager will perform Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. <u>(Attachment A)</u></p> <p>-Residential Manager will perform an Oversight Compliance two (2) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations. <u>(Attachment B)</u></p> <p>-QIDP will perform an Oversight Compliance Observations one (1) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations. <u>(Attachment B)</u></p> <p><u>Monitoring of Corrective Action:</u></p> <p>-Director of Health Services will review Nursing Active Treatment observations to ensure that medications are dispensed correctly.</p> <p>-Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations and staff trainings are being completed.</p> <p>-QDIP will complete assessment packets for each individual upon admission.</p> <p>-QIDP will review with IDT any identified changes to assessed skill</p> | | |

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| | | | <p>set quarterly.</p> <ul style="list-style-type: none"> -QIDP will update assessment packets for each individual annually. -QIDP will complete/train/implement formal programming goals for each individual based on assessed skill set. -Residential Manager will perform Active Treatment Observations two (2) times weekly to ensure all medication passes are being completed correctly. <u>(Attachment A)</u> -Residential Manager will perform an Oversight Compliance two (2) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations. <u>(Attachment B)</u> -QIDP will perform an Oversight Compliance Observations one (1) times weekly to ensure all medication Goals are being run at every opportunity beginning 9/22/2014 and continuing until proficiency is noted on four (4) consecutive observations. <u>(Attachment B)</u> <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</p> | |

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| | | | <p>services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Corrective action: · All staff have been in-serviced on the med goals for each individual. (Attachment F)</p> <p>· All staff have been in-serviced on the definition and concept of continuous active treatment. (Attachment F)</p> <p>How we will identify others: · Residential Manager will do Active Treatment observations including medication pass weekly to ensure staff are providing continuous active treatment. (Attachment G)</p> <p>Measures to be put in place: · Residential will complete Active Treatment Observations weekly to ensure continuous treatment. (Attachment G) · Residential Manager will offer immediate training and correction as needed to ensure all plans are being implemented continuously. · Residential Manager will conduct monthly house meetings for the purpose of offering staff continued updates and trainings on all plans for all individuals. (Attachment H)</p> <p>Monitoring of Corrective Action: Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that Active Treatment observations, and staff trainings are being completed.</p> <p>Completion Date: 9-13-2014</p> | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 08/14/2014 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421 | | |
| (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 | |
| W000440 | <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to conduct quarterly evacuation drills for each shift.</p> <p>Findings include:</p> <p>On 8/12/14 at 3:40 PM, a review of the facility's evacuation drills was conducted. During the day shift (7:00 AM to 4:00 PM), there were no drills conducted from 4/17/14 to 8/12/14. During the night shift (12:00 AM to 4:00 AM), there were no drills conducted from 2/8/14 to 6/5/14. This affected clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>On 8/12/14 at 3:55 PM, the Residential Manager (RM) indicated she could not locate documentation indicating the facility conducted drills from 4/17/14 to 8/12/14 and 2/28/14 to 6/5/14. The RM indicated the facility should conduct one drill per shift per quarter.</p> <p>9-3-7(a)</p> | W000440 | <p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel.<u>Corrective Action:</u></p> <ul style="list-style-type: none"> ·Residential Manager in-serviced on fire drill procedures and requirements (Attachment J) <p>How we will identify others:</p> <ul style="list-style-type: none"> ·Residential Manager will review drills, and any plans of correction with staff at monthly meeting. (Attachment H) ·Residential Manager will schedule drills to account for each staff each shift each quarter, and review at monthly meeting. (Attachment J) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Drill schedule will be assessed monthly. . (Attachment J/H) <p>Monitoring of Corrective Action:residential Manager will review monthly drills to ensure all staff have completed all drills. Clinical Supervisor and or appropriate parties will perform periodic service reviews to ensure that drills are being conducted, documented, and reviewed following Life Safety Code Standards.Completion Date: 9-13-2014</p> | 09/13/2014 | |