

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2011
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 KELLAM RD CENTERVILLE, IN47330
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W0000	<p>This visit was for an initial certification and state licensure survey.</p> <p>Survey Dates: 11/14/11, 11/15/11, 11/16/11 and 11/21/11.</p> <p>Facility Number: 0012633 Provider Number: N/A AIM Number: N/A</p> <p>Surveyor: Robert Bauermeister, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12-20-11 by C. Neary, Program Coordinator.</p>	W0000		
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 2 of 2 sampled clients and 1 other client living in the group home (A, B, C), the facility's governing body failed to ensure decorative and instructional items appropriate for the individuals (chronological) age were present in the congregate rooms, living rooms, kitchen and dining rooms.</p> <p>Findings include:</p> <p>Observations of the group home were conducted on 11/14/11 from 3:00 PM to 6:00 PM and on 11/15/11 from 6:00 AM to 1:30 PM. The living rooms, dining rooms,</p>	W0104	<p><b>CORRECTION:</b> <i>The Governing body must exercise general policy, budget and operating direction over the facility.</i> Specifically, The facility has purchased decorative and instructional items for the common areas of the home.</p> <p><b>PREVENTION:</b> Professional staff will be retrained on the need to provide a culturally appropriate living environment with decorations and age appropriate instructional materials. Additionally, members of the Operations Team will conduct periodic observations of the</p>	12/21/2011

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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W0125	<p>bathrooms and kitchens were devoid of chronological age appropriate decorations. The instructional materials provided for the residents of home were crayons and magazine pictures.</p> <p>On 11/15/11 at 1:30 PM staff #1 was asked about the lack of personal possessions in the congregate rooms. She stated it was because of "behaviors." On the same day at 1:45 PM the Qualified Mental Retardation Professional stated, "they (staff) have not had enough time to get the home decorated because [clients A, B and C] had just moved in."</p> <p>9-3-1(a) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, record review and interview for 3 of 3 sampled clients (A, B, C), the facility failed to assist clients A, B and C in exercising their rights by restricting access to the group home thermostat and humidifier.</p> <p>Findings include:</p> <p>On 11/14/11 from 3:00 PM to 6:00 PM, the thermostat and humidifier controls were noted to be inaccessible to clients living in the home. Observations of the group home were conducted on 11/15/11 from 6:00 AM to 1:30 PM. On</p>	W0125	<p>facility on an ongoing basis to assure the home is decorated and age appropriate instructional items are available. Responsible Parties: QDDP, Support Associates, Operations Team</p> <p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Specifically, access to the facility's thermostat and humidifier is no longer restricted. PREVENTION: Professional staff will be retrained regarding the need to assure that rights restrictions are implemented only when clinically indicated and after appropriate</i></p>	12/21/2011

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W0137	<p>11/15/11 at 12:30 PM, client C indicated the home was cold. During the observation, the thermostat and humidifier controls were locked under a plastic cover. Direct Contact Staff (DCS) #1 was observed to use a key to unlock the plastic cover to increase the temperature setting. Direct Contact Staff (DCS) #1 stated, " [Clients A, B and C] did not have a key to unlock the cover; " staff had access to the key.</p> <p>On 11/2/11 client A's (at 9:36 AM), client B's (10:20 AM), and client C's (10:10 AM) records were reviewed. The records did not indicate any reason for the thermostat and humidifier controls to be restricted from the access of client A, B and C .</p> <p>On 11/03/11 at 12:40 PM the Qualified Mental Retardation Professional (QMRP) was interviewed regarding the restriction to the thermostat and humidifier control. The QMRP stated, " maintenance installed and it has been there since I started ." The QMRP indicated he did not know a reason access to the thermostat and humidifier were restricted.</p> <p>9-3-2(a) 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. Based on observation, interview and record review for 2 of 2 sampled clients (A, B), the</p>	W0137	<p>due process has occurred.Members of the Operations Team will conduct periodic observations of the home's physical environment to assure that clients' access to their home and its contents is not restricted unnecessarily. Responsible Parties: QDDP, Support Associates, Operations Team</p> <p>CORRECTION: The facility must ensure the rights of all clients.</p>	12/21/2011	

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	<p>facility failed to ensure individuals have, retain and display items appropriate for their (chronological) age in their bedrooms.</p> <p>Findings include:</p> <p>Observations of the group home were conducted on 11/14/11 from 3:00 PM to 6:00 PM and on 11/15/11 from 6:00 AM to 1:30 PM. Client bedrooms contained no personal possessions other than clothing. Client A's and B's walls were bare; there were no personal possessions any where in their bedrooms.</p> <p>On 11/15/11 at 1:30 PM staff #1 was asked about the lack of personal possessions in the bedrooms. She stated it was because of "behaviors." On the same day at 1:45 PM the Qualified Mental Retardation Professional stated, "they (staff) have not had enough time to get personal possessions for [clients A, B] since they had just moved in."</p> <p>Client A's records were reviewed on 11/15/11 at 9:36 AM. A review of client A's Behavior Support Plan, dated 10/11, indicated a targeted behavior of property destruction. The program did not include restricting his personal property or housemate's property as part of his program to decrease his property destruction. The plan contained no additional instructions to staff or information regarding the limited amount of personal property or what client A had to do to retain his personal possessions.</p>		<p>Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Specifically staff have assisted clients A, B, C and D with obtaining personal possessions and personalized decorations for their bedrooms</p> <p>PREVENTION: Professional staff have been retrained on the need to monitor client's possessions to assure clients have appropriate items beyond clothing based on personal choice and need. Members of the Operations Team will conduct periodic observations of active treatment sessions on an ongoing basis to assure clients maintain appropriate personal possessions. Responsible Parties: QDDP, Support Associates, Operations Team</p>				

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W0331	<p>Client B's records were reviewed on 11/15/11 at 10:20 AM. A review of client B's Behavior Support Plan, dated 09/11, indicated a targeted behavior of property destruction. The program did not include restricting his personal property or housemate's property as part of his program to decrease his property destruction. The plan contained no additional instructions to staff or information regarding the limited amount of personal property or what client B had to do to retain his personal possessions.</p> <p>9-3-2(a) The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review , the facility failed to ensure staff were trained to manage the health risks of 1 of 2 sampled clients (A).</p> <p>Findings include:</p> <p>Client A was observed on 11/15/11 at 7:00 AM during self administration. Staff #1 assisted client A in checking his blood sugar. The test indicated a level of 239. Staff #1 and client A waited 15 to 20 minutes and re-checked his blood sugar level. The test indicated a level of 189. Staff #1 indicated, on 11/15/11 at 7:55 AM, if the blood sugar level was too high or too low the nurse was to be called. Staff #1 stated, " thought it was too low if below 80 and too high if over 180."</p>	W0331	<p><b>CORRECTION:</b> <i>The facility must provide clients with nursing services in accordance with their needs. Specifically, for Client A, parameters specifying notification protocols for abnormal blood sugar have been included on Client A's Medication Administration Record. Professional and direct support staff have been retrained on when to contact the facility nurse including but not limited to when client A's blood sugar is outside of normal limits. PREVENTION:</i> Staff have been retrained regarding nurse notification protocols including but not limited to abnormal blood sugar. Additionally the Program Coordinator/QDDP has been retrained on the need to coordinate,integrate and monitor all aspects of client care and</p>	12/21/2011

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	<p>On 11/15/11 at 11:00 AM the Qualified Mental Retardation Professional (QMRP) indicated if the blood sugar is too high - over 189 or too low - under 80 the nurse should be called. The QMRP was unable to provide a nursing care plan for client A or a nursing protocol for client A indicating what to do if clients A's blood sugar was too high. The QMRP stated the staff have called the nurse with a lot of different reports between 80 and 180.</p> <p>The record for client A was reviewed on 11/15/11 at 9:36 PM. The record did not contain a nursing care plan or nursing protocol indicating for staff when to call the nurse for high or low blood sugar and specifically defined the values for a low or high assessment.</p> <p>9-3-6(a)</p>		<p>support to further assure an appropriate level of healthcare. Members of the Health Services and Operations teams will monitor home systems on an ongoing basis providing guidance and support as needed to ensure health care requirements are met. Responsible Parties: Health Services Team, QDDP, Support Associates, Operations Team</p>		