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| 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 11/21/2012 | |
| 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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| W0000 | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 19, 20 and 21, 2012</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 11/30/12 by Tim Shebel, Medical Surveyor III.</p> | W0000 | | | | | |

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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| W0104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 4 additional clients, (#4, #5, #6 and #7), the governing body failed to exercise general policy, budgeting and operating direction by failing to ensure the physical environment was maintained in a safe, sanitary manner for the clients. The governing body failed to ensure client #7's funds had been transferred to his new residential provider since his discharge on 8/30/12.</p> <p>Findings include:</p> <p>1. Environmental tours of the facility inhabited by clients #1, #2, #3, #4, #5, and #6 were conducted at the facility on 11/19/12 at 3:00 PM and on 11/20/12 at 11:15 AM. The bathroom near the medication room on the eastern side of the facility had two bulbs burned out in the light fixture. The tile in the shower was cracked. The base of the toilet had cracked and stained molding. The fan did not work and the paint near the door was stained. The back bathroom's toilet seat was in disrepair.</p> <p>An interview with the Home</p> | W0104 | <p>Corrective action:</p> <ul style="list-style-type: none"> · Maintenance requests have been submitted and repairs completed or scheduled for completion (Attachment A). · Check request has been submitted for Client #7 (Attachment B). · Program Manager has been inserviced on timely notification of client discharges (Attachment C) <p>How we will identify others: Program Manager will review preventative maintenance checklists (Attachment E) to ensure that needed repairs have been completed. Program Manager will review discharges to ensure that all monies due have been dispersed to appropriate facility/persons.</p> <p>Measures to be put in place:</p> | 01/18/2013 | | | |

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| | <p>Manager/Clinical Supervisor/CS was conducted on 11/20/12 at 12:30 PM. The CS indicated the maintenance man would be contacted for needed repairs.</p> <p>2. According to review of client reportable incidents on 11/19/12 at 12:50 PM, client #7 had been discharged from the facility on 8/30/12 due to health reasons.</p> <p>On November 20, 2012, at 12:00 PM, client#7's financial records were reviewed. The client's Resident Fund Management Service/RFMS Statements were reviewed. The 9/12 RFMS statement indicated the facility had received a liability payment from him in the amount of \$885.00 on 9/19/12. The 10/12 RFMS statement indicated the facility received a liability payment in the amount of \$885.00 on 10/26/12. Client #7's 11/12 RFMS statement was reviewed on 11/20/12 at 3:15 PM and indicated the facility received his social security check in amount of \$937.00.</p> <p>An interview with the Home Manager/Clinical Supervisor/CS was conducted on 11/20/12 at 12:30 PM. The CS indicated client #7's savings and petty cash had been sent to the residential office to be sent on to him at his new residence.</p> <p>An interview with the Residential</p> | | <p>Program Manager Preventative checklist (Attachment E) has been implemented to ensure timely repairs. Discharge Summary has been updated to include notification of Business Manager (Attachment F).</p> <p>Monitoring of Corrective Action: Program Manager will review weekly CS checklists to ensure that maintenance repairs are completed in a timely manner. Program Manager will review Discharge Summaries to ensure that monies are dispersed in a timely manner.</p> <p>Completion Date: 1-18-2013</p> | | | | |

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| | <p>Manager on 11/20/12 at 3:30 PM indicated the facility continued to receive client #7's funds but the proper authorities had been contacted so the payee could be reassigned.</p> <p>9-3-1(a)</p> | | | | |

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| W0140 | <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2) and one additional client (#6), the facility failed to maintain a system which ensured an accurate accounting of clients' funds.</p> <p>Findings include:</p> <p>On November 20, 2012, at 12:00 PM, client financial records were reviewed and clients' personal cash kept on hand at the facility was counted by Home Manager/Clinical Supervisor/CS staff #2. The following was found during the record review/count:</p> <p>Client #1's financial record indicated staff #4 and #6 had balanced his savings account and listed the amount as \$44.20 after a withdrawal of \$20.00. The bank listed the saving account balance at \$49.20. There had been a withdrawal of \$15.00 instead of \$20.00 on 11/16/12. Staff had not kept an accurate accounting record.</p> <p>Client #2's financial record indicated staff #2 had \$7.31 in his savings account on</p> | W0140 | <p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor and staff have been inserviced on Client Finances (Attachment G). <p>How we will identify others:</p> <p>Clinical Supervisors will review Client Finances to ensure that all transactions have been documents correctly and balances are correct.</p> <p>Measures to be put in place:</p> <p>Clinical Supervisors will review Client Finances weekly (Attachment H).</p> <p>Monitoring of Corrective Action:</p> <p>Operations Manager will conduct periodic finance audits to ensure client finance transactions have been documented correctly and client finances are</p> | 12/21/2012 | | | |

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| | <p>11/16/12. A review of the bank's receipt dated 11/16/12 indicated a balance of \$12.31. Client #2's Resource Ledger Sheet indicated staff #4 and #6 had taken client #2 to the bank to withdraw \$5.00 dollars from his savings account to be added to his petty cash account for pocket money. The client's Resource Ledger Sheet for his home account for pocket cash indicated at balance of \$2.98 after a withdrawal of \$10.00 for an outing on 11/16/12. CS #2 counted the money at 12:15 PM on 11/20/12 and the balance on hand was \$12.98.</p> <p>Further investigation by CS #2 indicated staff #4 and #6 had not taken client #2 to the bank on 11//9/12 for a \$5.00 withdrawal and client #2 had not gone on an outing on 11/16/12. Staff #4 and #6 had not kept accurate financial records for client #2.</p> <p>Client #6's financial record indicated staff #4 and #6 had balanced his savings account and listed the amount as \$7.41 after a withdrawal of \$20.00 on 11/9/12. The staff had not taken client #6 to the bank and there was no withdrawal of \$20.00 on 11/9/12. The bank listed the saving account balance at \$29.43 on 11/20/12 whereas the facility listed the balance on 11/20/12 at \$9.41. The home account record indicated a deposit of #20.00 to client #6's home cash account</p> | | <p>balanced.</p> <p>Completion Date: 12-21-2012</p> | | | | |

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| | <p>on 11/9/12. Further investigation by and interview with PC #2 on 11/20/12 at 1:15 PM failed to explain how client #6 got the \$20.00 on 11/09/12 to place into his home cash account. Staff had not kept an accurate accounting record of client #6's financial activities.</p> <p>Interview with CS #2 on 11/20/12 at 1:15 PM indicated staff #4 and #6 were in need of training and better auditing of the clients' accounts should be done.</p> <p>9-3-2(a)</p> | | | | |

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| W0448 | <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3), and 3 additional clients (#4, #5, and #6), the facility failed to investigate issues noted during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills with clients #1, #2, #3, #4, #5, and #6 was conducted on 11/19/12 at 3:15 PM and indicated the following:</p> <p>-On 01/22/12 an evacuation drill was conducted from 9:03 AM to 9:08 AM the form indicated all clients required 5 minutes to evacuate. There was no documentation the facility investigated why the drill took 5 minutes to complete.</p> <p>-On 02/03/12 an evacuation drill was conducted from 5:00 PM to 5:15 PM the form indicated all clients required 15 minutes to evacuate. There was no documentation the facility investigated why the drill took 15 minutes to complete.</p> <p>-On 02/07/12 an evacuation drill was conducted from 5:00 PM to 5:06 PM the form indicated all clients required 6 minutes to evacuate. There was no documentation the facility investigated</p> | W0448 | <p>W448: The facility must investigate all problems with evacuation drills, including accidents.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor and staff have been inserviced on completion of evacuations and correct documentation of investigation of lengthy evacuations (Attachment G). <p>How we will identify others:</p> <p>Clinical Supervisors will review evacuations and investigations of evacuations to ensure that all evacuations have been completed, documented correctly, and lengthy evacuations times investigated.</p> <p>Measures to be put in place:</p> <p>Evacuations will be reviewed monthly and all</p> | 12/21/2012 | | | |

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| | <p>why the drill took 6 minutes to complete.</p> <p>-On 03/18/12 an evacuation drill was conducted from 2:00 AM to 2:07 AM the form indicated all clients required 7 minutes to evacuate. There was no documentation the facility investigated why the drill took 7 minutes to complete.</p> <p>-On 03/22/12 an evacuation drill was conducted from 11:00 PM to 11:05 PM the form indicated all clients required 5 minutes to evacuate. There was no documentation the facility investigated why the drill took 5 minutes to complete.</p> <p>-On 04/17/12 an evacuation drill was conducted from 8:00 AM to 8:07 AM the form indicated all clients required 7 minutes to evacuate. There was no documentation the facility investigated why the drill took 7 minutes to complete.</p> <p>-On 05/04/12 from 4:00 PM until 4:15 PM, an evacuation drill was conducted. The comment/response section on the drill form indicated all clients required 15 minutes to evacuate. There was no documentation the facility investigated why the drill took fifteen minutes to complete.</p> <p>-On 06/21/12 from 10:40 PM until 10:45 PM, an evacuation drill was conducted. The comment/response section on the drill form indicated all clients required five minutes to participate in the drill. There was no documentation why the evacuation drill took five minutes to</p> | | <p>drills investigated and plans of actions developed if required (Attachment I).</p> <p>Monitoring of Corrective Action: Operations Manger will review monthly drills to ensure that drills are completed timely and plans of action developed if required.</p> <p>Completion Date: 12-21-2012</p> | | | | |

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| | <p>complete.</p> <p>-On 07/10/12 from 8:02 AM to 8:10 AM, an evacuation drill was conducted. The comment/response section on the drill form indicated clients required 8 minutes to participate in the drill. There was no documentation the facility investigated the response time of 8 minutes.</p> <p>-On 08/09/12 from 7:10 AM to 7:20 AM, an evacuation drill was conducted. The comment/response section on the drill form indicated clients required ten minutes to participate in the drill. There was no documentation the facility investigated the response time of ten minutes.</p> <p>-On 09/21/12 an evacuation drill was conducted from 12:45 AM to 12:50 AM the form indicated all clients required 5 minutes to evacuate. There was no documentation the facility investigated why the drill took 5 minutes to complete.</p> <p>-On 10/09/12 from 8:02 AM to 8:07 AM, an evacuation drill was conducted with clients. The comment/response section on the drill form indicated clients required five minutes to participate in the drill. There was no documentation the facility investigated the response time of five minutes.</p> <p>-On 11/08/12 an evacuation drill was conducted from 5:00 PM to 5:05 PM the form indicated all clients required 5 minutes to evacuate. There was no</p> | | | | | | |

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| | <p>documentation the facility investigated why the drill took 5 minutes to complete.</p> <p>Interview with staff #4 and #6 on 11/19/12 at 3:30 PM indicated clients #2 and #3 sometimes refused or took an extended length of time to evacuate the building during drills. The interview indicated the documentation of the length of the drill was the time client #3 took to leave the facility after prompting; not the time all clients required.</p> <p>An interview with the Home Manager/Clinical Supervisor/CS was conducted on 11/20/12 at 9:00 AM. The CS indicated the targeted time for conducting drills was under 3 minutes. The interview indicated the drill forms were not filled out correctly and the issues with the length of time needed to evacuate had not been assessed.</p> <p>An interview with the Residential Manager on 11/20/12 at 3:30 PM indicated the facility should investigate issues noted during drills and the targeted time for evacuation was two minutes.</p> <p>9-3-7(a)</p> | | | | |

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| W0473 | <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. Based on observation and interview, the facility failed for 3 of 3 sampled clients (#1, #2, #3), and 3 additional clients (#4, #5, and #6), who resided in the group home, to ensure the clients received milk and food (at breakfast and dinner) at an appropriate temperature, within 15 minutes upon removal from the temperature control device.</p> <p>Findings include:</p> <p>During evening observations on 11/19/12 from 4:15 PM until 6:00 PM, client #5 placed salad onto the dinner table at 4:40 PM. Client #5 poured milk at the place settings for clients #1, #2, #3, #4, #6 and himself at 5:00 PM on 11/19/12 and left the remaining milk on the table. The meal consisting of green beans, spaghetti with meat sauce and garlic bread was placed on the table at 5:02 PM. Clients #1, #5 and #6 ate the evening meal at 5:08 PM. Client #2 ate at 5:23 PM. Clients #3 and #4 did not eat with the rest of the clients. At 5:45 PM, staff #4 placed garlic bread, spaghetti with meat sauce and green beans (which was still on the table) onto plates for clients #3 and #4, placed foil over the plates and placed them in the microwave oven. The gallon of milk</p> | | | W0473 | <p>W473: Food must be served at appropriate temperature . Corrective action: Clinical Supervisor and staff have been inserviced on serving foods at appropriate temperatures and within 15 minutes of removal from stove and refrigerator (Attachment G). How we will identify others: Clinical Supervisors will review Active Treatment observations to ensure that food is served correctly and timely after removal from cooking/cold storage. Measures to be put in place: Clinical Supervisors will perform weekly Active Treatment observations (Attachment J) to ensure that staff are following meal preparation and serving guidelines. Monitoring of Corrective Action: Operations Manager, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that meals are being served at correct temperatures. Completion Date: 12-21-2012</p> | | 12/21/2012 |

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| | <p>remained on the table until 5:53 PM.</p> <p>Morning observations were conducted at the facility on 11/20/12 from 6:00 AM until 11:00 AM.</p> <p>A pan of oatmeal was observed to be on the stove (the burner was off) at 6:00 AM. Staff #8 served oatmeal and milk to client #6 at 6:15 AM. Staff #8 prepared toast for client #5 and served him oatmeal and milk at 6:54 AM. The gallon of milk was observed to be on the table at 6:00 AM. The oatmeal was not thoroughly reheated for clients.</p> <p>An interview with the Home Manager/Clinical Supervisor/CS was conducted on 11/20/12 at 9:00 AM. The CS indicated food items and milk should be refrigerated and not left on the table and then reheated before serving.</p> <p>9-3-8(a)</p> | | | | | | |

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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 | |
| W0488 | <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2, and #3), and 3 additional clients (#4, #5, and #6), the facility failed to ensure clients were encouraged to participate in mealtime activities in accordance with their developmental capabilities.</p> <p>Findings include:</p> <p>The evening meal and its preparation was observed on 11/19/12 from 4:15 PM until 6:00 PM. Staff #4 carried in the groceries without asking clients to assist. Staff #4 took items out of cabinets and the refrigerator. She took pans out of the cabinets. Staff #4 readied a cookie sheet and placed garlic toast upon it and readied the oven for it. Staff placed pans on the stove burners and turned on the burners. Staff #4 opened cans of green beans. Staff #4 placed hamburger in a skillet and cooked it. Staff stirred green bean and spaghetti noodles. Client #5 was directed to help with the meal preparation but left the area to go to his bedroom and take out the trash. Client #5 poured milk at the place settings for clients #1, #2, #3, #4, #6 and himself at 5:00 PM.</p> | W0488 | <p>W488: The facility must assure that each client eats in a manner consistent with his or hers developmental level.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor and staff have been inserviced on Active Treatment and custodial care (Attachment G). <p>How we will identify others:</p> <p>Clinical Supervisors will review Active Treatment observations to ensure that meal preparation provides active treatment consistent with client developmental levels (Attachment G).</p> <p>Measures to be put in place:</p> <p>Clinical Supervisors will perform weekly Active Treatment observations (Attachment J) to ensure that staff are performing</p> | 12/21/2012 | |

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| 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 11/21/2012 | |
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| | <p>Morning observations were conducted at the facility on 11/20/12 from 6:00 AM until 11:00 AM. Staff #8 served oatmeal to client #6 at 6:15 AM. Staff #8 prepared toast for client #5 and served him oatmeal at 6:54 AM.</p> <p>Review on 11/20/12 at 10:30 AM of client #1's record indicated an Individual Support Plan/ISP dated 8/14/12. The ISP indicated client #1 was capable of participating in mealtime activities.</p> <p>Review on 11/20/12 at 8:45 AM of client #2's record indicated an ISP dated 10/19/12. The ISP indicated client #2 was capable of participating in mealtime activities.</p> <p>Review on 11/20/12 at 9:36 AM of client #3's record indicated an ISP dated 08/14/12. The ISP indicated the client was not independent in mealtime skills.</p> <p>An interview with the Home Manager/Clinical Supervisor/CS was conducted on 11/20/12 at 9:00 AM. The CS indicated clients #1, #2, #3, #4, #5 and #6 should be prompted to participate in meal preparation and serving themselves.</p> <p>9-3-8(a)</p> | | <p>Active Treatment consistent with client developmental levels.</p> <p>Monitoring of Corrective Action: Operations Manager, Quality Assurance Director/Coordinators will perform periodic service reviews, including Best in Class, to ensure that Active Treatment is consistent with client developmental levels.</p> <p>Completion Date: 12-21-2012</p> | | | | |

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